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May/June '96

Julie Andrews: Doing What She Loves

Children's Read Aloud: The Wind in the Willows

Cleveland's Rock-'n'-Roll Hall of Fame

New Treatments for Osteoporosis

Child Prodigy Michael Kearney

Now You Can Restart a Heart: The AED Revolution

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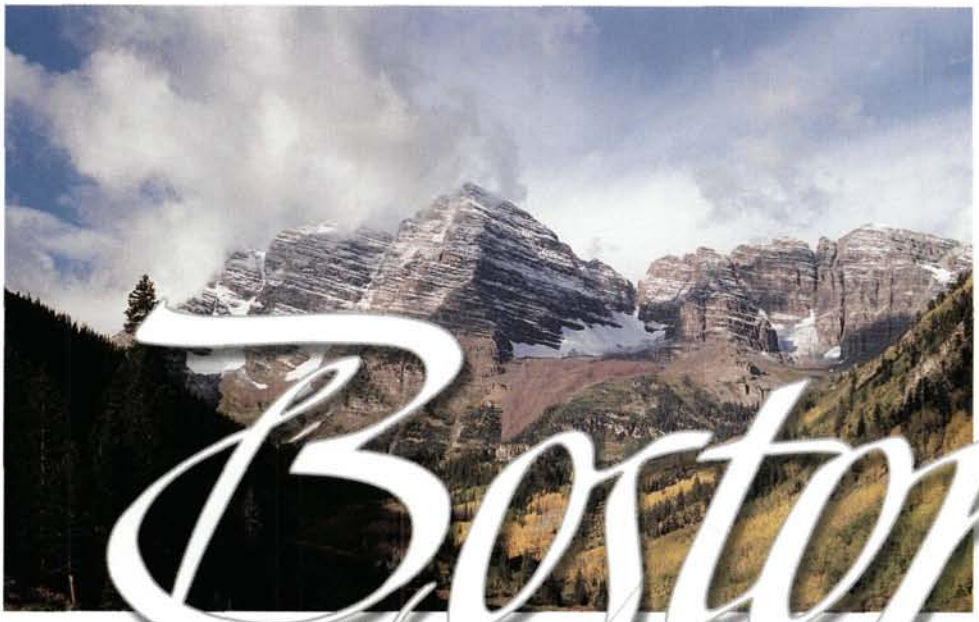

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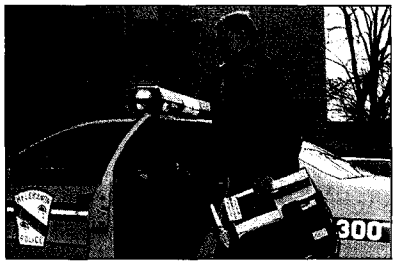
Julie Andrews—wows Broadway in a reprisal of *Victor/Victoria*, yet the talented actress, singer, author, and dancer finds all her roles "stimulating, and that's the joy." 36

Family of Man—A minister shares his saga of growing up in a fatherless home and explains how the church and family can help solve problems facing today's fatherless children. 30



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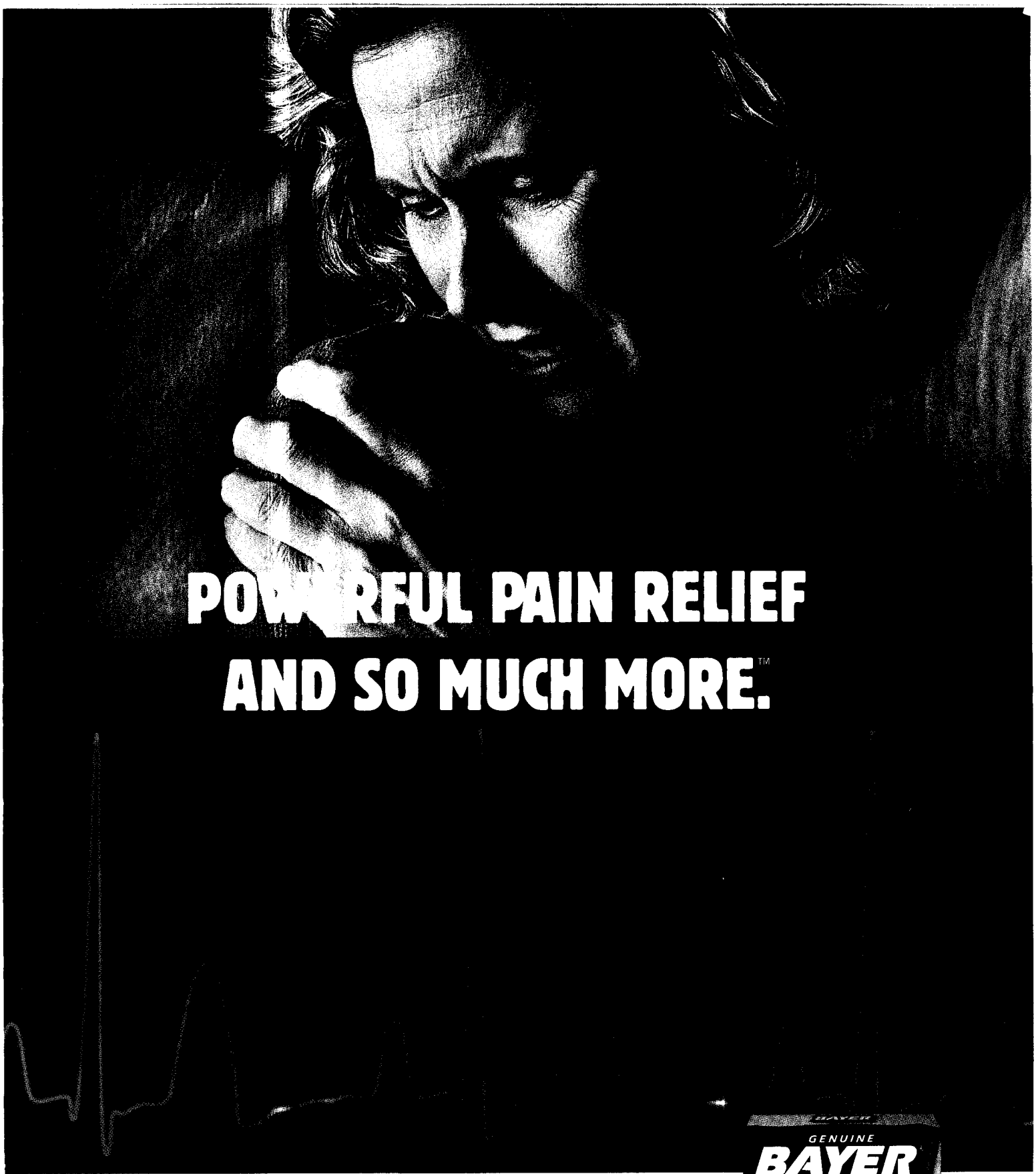

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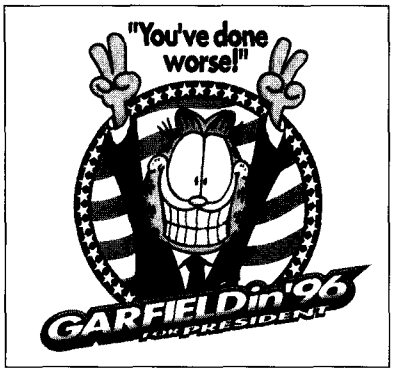

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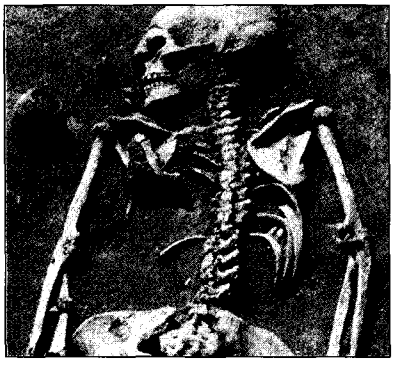

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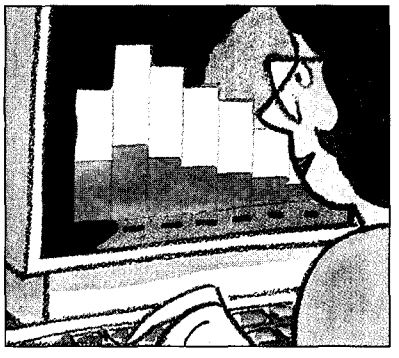

Electronic America—Whether storing family photos or setting up your own business, today's personal computer products offer solutions. **64**

The Wind in the Willows—The timeless classic colorfully recreated as a Read Aloud for your children and grandchildren to enjoy. **38**

Letters

Manic-Depression an Ongoing Battle

Your article on manic-depression is excellent. We have a son who is schizophrenic, and it would be wonderful if you would do similar research on this chemical imbalance. As a former dietitian, I realized 24 years ago when this began "out of the blue" in our 18-year-old son that it had to be something physical akin to diabetes, which at that time we were just beginning to bring under control with diet and insulin. This and the fact that our family in total were all Christians is what carried us through (and still does). The law which makes it impossible to get help for these patients when it is needed must be openly discussed and corrected. The boy who shot President Reagan, as well as the DuPont heir, are probably the best-known cases of why this law should be reexamined. Families are helpless when it is apparent that hospitalization is needed. Surely someone could sponsor fair legislation that would protect the patient but also allow families to help their loved ones. Perhaps you can serve this worthy cause.

Mrs. W. R. Cox
Ft. Lauderdale, Florida

Skating on Thin Ice

I was surprised to see the story "The Silver Skates" included in the Jan./Feb. '96 issue of *The Saturday Evening Post*.

I got my book called *Hans Brinker* from the bookshelf. The title page lists *Hans Brinker or The Silver Skates, A Story of Life in Holland*, by Mary Mapes Dodge.

The book was given to me by my parents for Christmas in 1937. They read it aloud to my sister and me.

For anyone who has read the book, your abbreviated version left out so many of the delightful details. It is a wonderful story.

Alice Betty Solberg
Lebanon, Oregon

Someone gave me a copy of the Jan./Feb. '96 issue of your magazine. I was delighted with Nancy Axelrad's adaptation of "The Silver Skates," which I read as a child by the original author.

I identified with Hans and Gretel and their wooden skates, as I had

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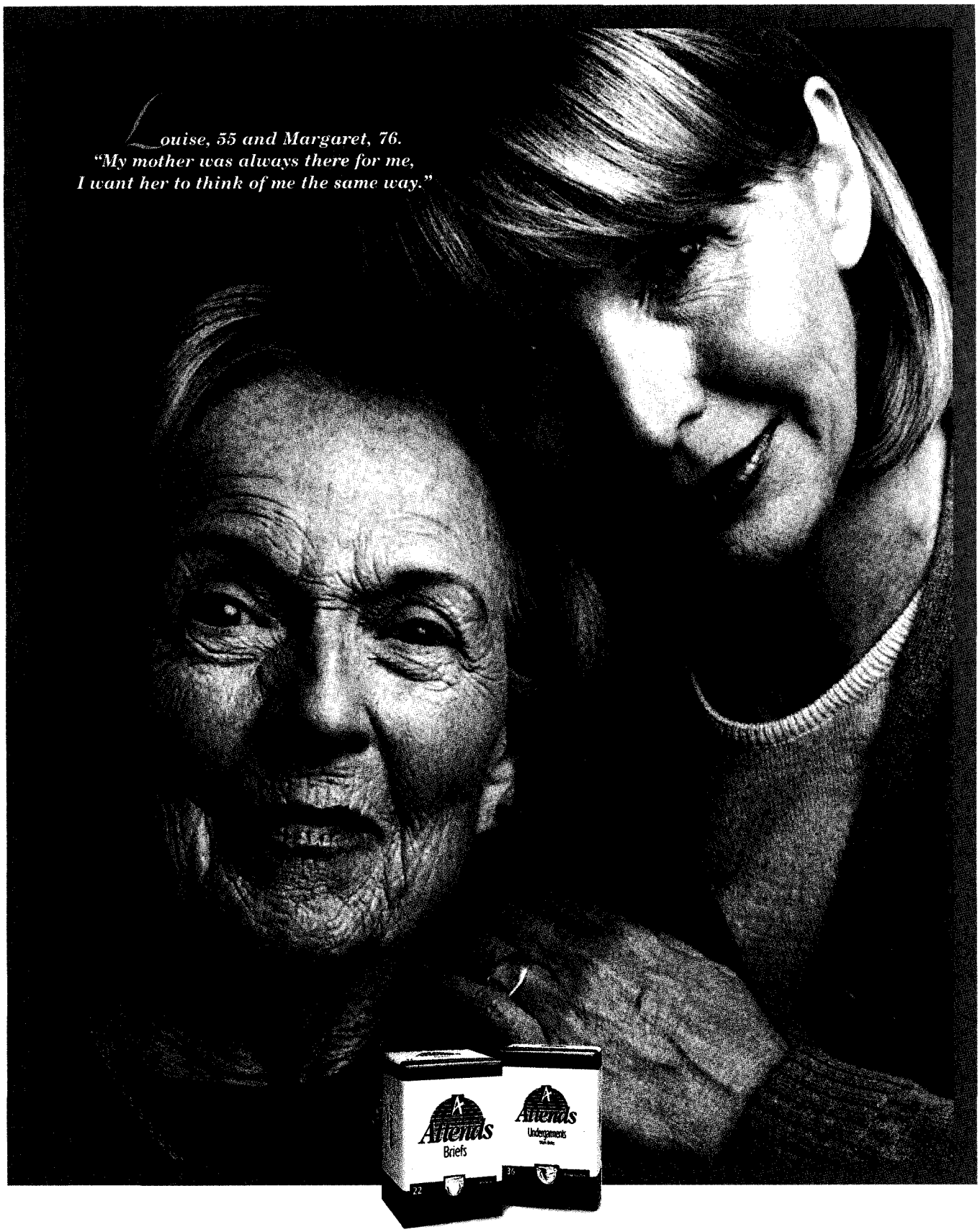

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those clamp-on skates and was always turning my weak ankles, but we skated on the ponds in our pasture in Minnesota, sometimes sweeping the snow off the ice.

Later as a teenager, I bought my first pair of white shoe-skates and skated with boyfriends on a real lake with our Young People's League around the bonfire, to music. When I was 19, I first fell in love with a farmer boy, but I didn't marry him; instead I emigrated to California in 1950 and married a professor. I never became a good skater.

I remember your magazine when I was a child and Norman Rockwell's quaint art.

Betty Dippre
Santa Maria, California

"Fine Nuts" in Oregon

In your March/April '96 issue, you had an informative and interesting article about walnuts by Ted Kreiter.

What bothered me is that the author only mentioned California walnuts. Was the author not aware that Oregon also produces walnuts that are of a superior quality? How much did the Walnut Marketing Board pay you for this advertising?

My late dad was known for the "fine nuts" he raised. (There were five of us brothers.) I nearly grew up in Franquette walnut and Italian prune trees, pruning and harvesting them since back in the 1920s. We also had our own commercial dehydrator for both crops.

Loyd O. Schaad
Portland, Oregon

More Cartoons!

I was very happy to see the Jan./Feb. '96 issue of *The Saturday Evening Post*. More cartoons than last time. Looks like you haven't given up on the great sense of humor your magazine is known for. When I pick up the *Post*, I get a real lift to help me get through the rest of my day. Thanks! Hope to see more cartoons in my next issue.

Arnold E. Jen
Poughkeepsie, New York

Kudos for Graham

Thank you for placing the Rev. Billy Graham and his beloved Ruth on your cover and for your article about them and their crusade.

Your article on manic-depression is outstanding and yes, we always look forward to the cartoons and Norman Rockwell pictures.

Keep it up and God bless us all.

Dorothy S. Bair
Dover, Ohio

After many years, I am rediscovering *The Saturday Evening Post* and finding it as entertaining and informative as it always was.

Helen B. Barrett
Swampscott, Massachusetts

We Get Bad Marks for "Family Values"

I've just received the March/April '96 edition of *The Saturday Evening Post*. After reviewing it, I've decided to order my subscription cancelled effective immediately, and that the rest of the subscription be refunded in full to the individual that gave me the subscription as a gift.

The albatross of religion hangs over society's neck far too much as it is. Apparently, you too have sold out to

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"family values" crapola while turning away from your responsibility as a literary magazine.

William Edwards
West Liberty, Kentucky

On the Other Hand...

I just want to compliment you on the March/April '96 issue of *The Saturday Evening Post*. The article about Billy Graham was great and other advertisements seem to stand out this time. Especially Harvest House Publishers and Day Spring cards, etc. Your cartoons are still tops with us!

Thank you for a decent magazine. At our suggestion our son, who is Director of Pulmonary in the Kansas City Research Medical Center, ordered this for the waiting room.

Margaret Davis
Kahoka, Missouri

Thanks so much for publishing such wonderful articles: "Billy Graham: Reaching 2.5 Billion People" by Dan Wooding and the "Assemblies: Reaching Out To People in Need" by Peter K. Johnson, printed in the March/April '96 edition. I thoroughly enjoyed reading them and passed the *Post* around here in our Assemblies of God Church office. Just recently have I subscribed to your wonderful magazine and just want to say how thrilled I am with it and with all the Christian articles, the Rockwell prints, cute jokes, and other good reading.

Jean Westerfield
Azle, Texas

I was rather amazed upon reading your article "Assemblies: Reaching Out to People in Need" in your March/April "96 issue. I have always been under the impression that assemblies such as these were just out to get money. I cannot believe how closed-minded I have been.

It seems that everywhere I turn, all I hear about is the distressed state of the world. I find it refreshing and uplifting to know that there are people out there who care enough to do something about it. Considering how awesome this task is, their work is highly admirable.

Johanna Kuehnel
El Paso, Texas

Dr. Griffith's Legacy Lives On

This comes to let you know just how much I appreciate your kindness and your special thoughtfulness. I appreciate your continued interest in Dr. Griffith's study on L-lysine.

This research was important to Dr. Griffith, and to see its continuation is gratifying to our family.

Thank you.

Mrs. Richard S. Griffith
Speedway, Indiana

Call for a Swinging Good Time!

I am writing to inquire about a videotape mentioned in a golf article in your March/April '96 issue. The article is titled "A Fair Way to Shape Up" by Dick Noel. The tape, by Arnie Frankel, is *Golf's One Motion*. My husband would like a copy of this tape but has been unable to locate one. Do you know if it's available in any retail outlets, or must it be ordered through a catalog? I really would appreciate any help you can give me with this.

I'd also like to let you know how very much I enjoy your magazine, par-

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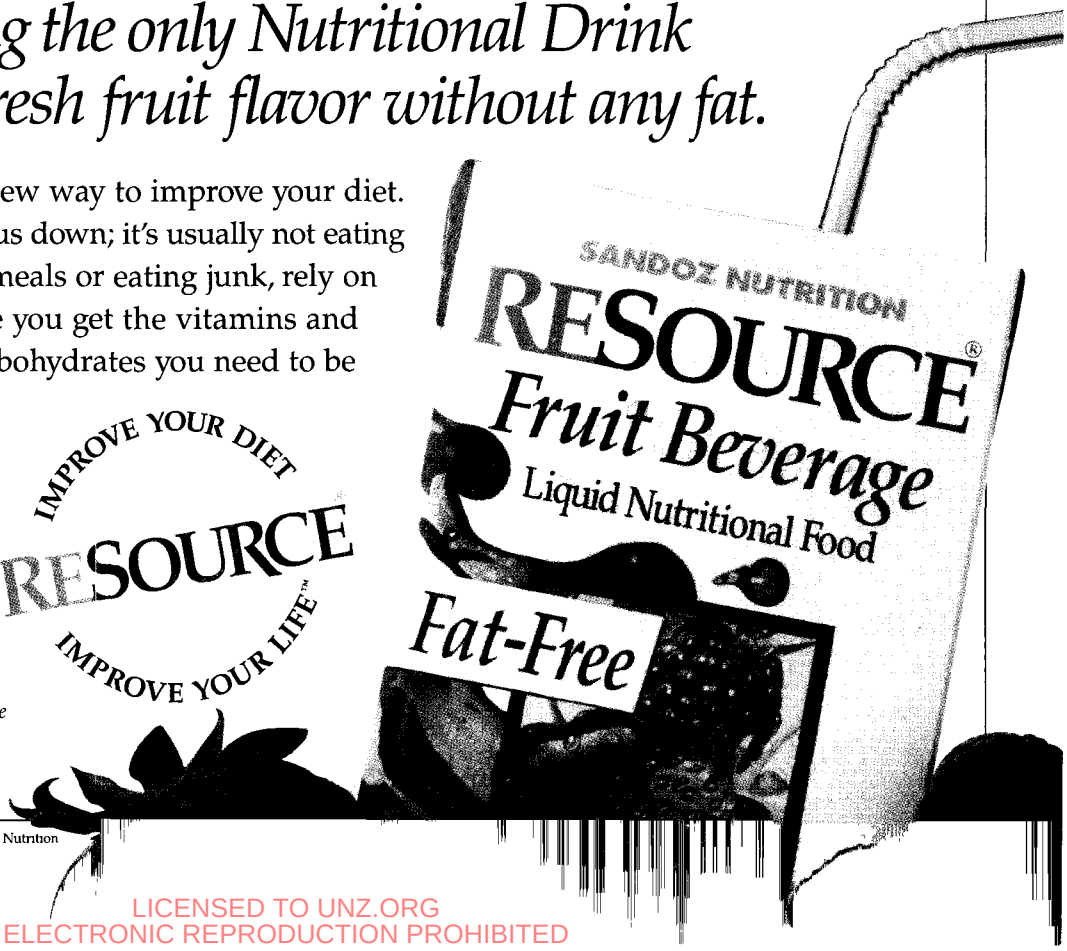

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ticularly Maynard Good Stoddard's misadventures on the sea of matrimony and "Post Scripts," which are always good for a laugh; and "Medical Mailbox," which I find most interesting and informative.

Thank you so much, both for your help in finding the tape for my husband, and for your wonderful magazine.

Anna Tisdale
Shalimar, Florida

Editor's note: You may order Florida teaching pro Arnie Frankel's Golf's One Motion *by calling 1-800-990-7761.*

Humor Is Healthy

Why do you cut down "Post Scripts"? You do neither your readers nor your advertisers a favor when you cut down on the fun!

Edith E. Cutting
Johnson City, New York

Shame on you! Putting "Post Scripts" on one page and an ad on the other. That's why I buy *The Saturday Evening Post* magazine is for the humor.

Kathryn McGaughey
Denver, Colorado

We are so sorry to hear that the second page of "Post Scripts" in the March/April '96 issue was bumped for an ad. We understand ads sell magazines, but poems and poetry matter—and also sell issues.

Marcyn Del Clements
Claremont, California

Put your ads another place
And do not touch this hallowed space!
We simply cannot come to grips
With losing half of our "Post Scripts."

Pat D'Amico
Kirkland, Washington

IBS and IBD Are Not the Same

My daughter is suffering from irritable bowel syndrome. Sometimes she can't finish a meal without running to the bathroom. She works at a children's hospital and is under a lot of stress. I have read articles in *The Saturday Evening Post* on this subject, but now that I need this information, I no longer have the magazine. I pass them along so other people can benefit. Please help us.

Mrs. Paul Herdtner
Cincinnati, Ohio

Editor's note: In response to your letter, we suggest that if at all possible, you and your daughter contact the University of Chicago, where there is a very good department specializing in irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD). We believe that an intensive workup and careful diagnosis is very important when a patient has the symptoms you describe.

Sometimes we simply blame stress when we don't know the cause of a syndrome or disease. An example is gastric ulcers. For many years, people would quit their jobs, get a divorce, or take other drastic measures to reduce the stress they believed caused their ulcers. The ulcers didn't go away. Then Dr. Barry Marshall discovered that ulcers are caused by *Helicobacter pylori* bacteria and can be cured with Pepto-Bismol and antibiotics to kill the bacteria.

Dr. Marshall has a hunch that irritable bowel syndrome is also an infectious disease. "You know, 100 years ago, everything was caused by 'stress,'" he counsels, "and one by one, these things are found to be caused by something else, so irritable bowel seems to be the next thing."

For IBS, some patients are helped with nothing more than avoiding foods that cause gas (beans, cabbage, fermentable carbohydrates) and other irritants such as certain spices, alcohol, and caffeine. Other remedies that have helped IBS patients are exercise programs and increased fiber in the diet (bran and psyllium found in Metamucil and Fiberall). Fiber with additional water can help normalize intestinal function.

Irritable bowel syndrome is sometimes confused with inflammatory bowel disease, but treatments for the two are quite different. For this reason, evaluation by a gastroenterologist skilled in treating diseases such as your daughter's is essential. Biopsies of the colon lining are very helpful. The *SatEvePost* investigated IBD in the Jan./Feb. 1994 issue. If you can't obtain copies at your library, back issues can be purchased by writing to John Simmons, *SatEvePost*, 1100 Waterway Blvd., Indianapolis, IN 46202.

"The way I see it, the reason women outlive men is because they deserve to!"

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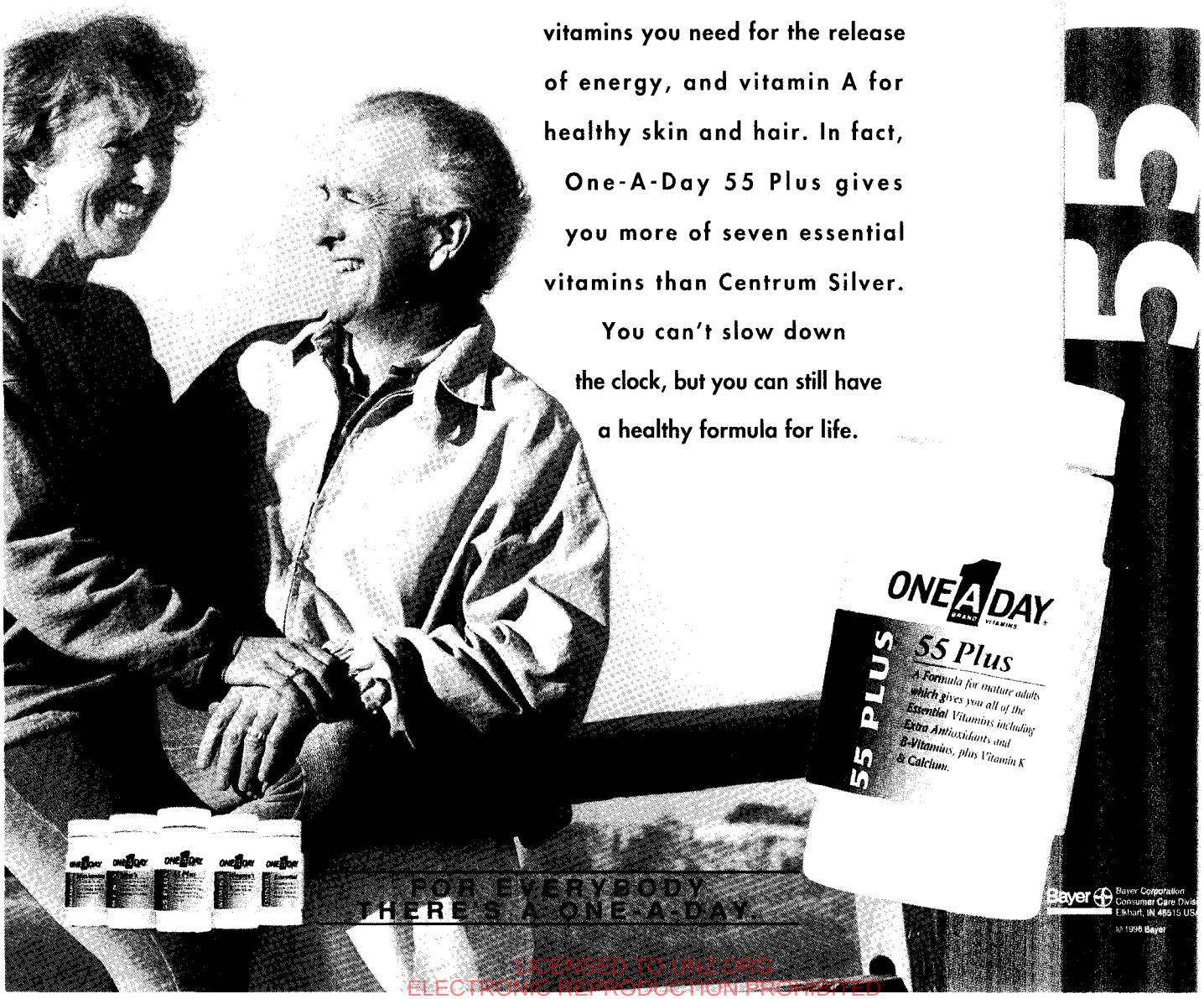
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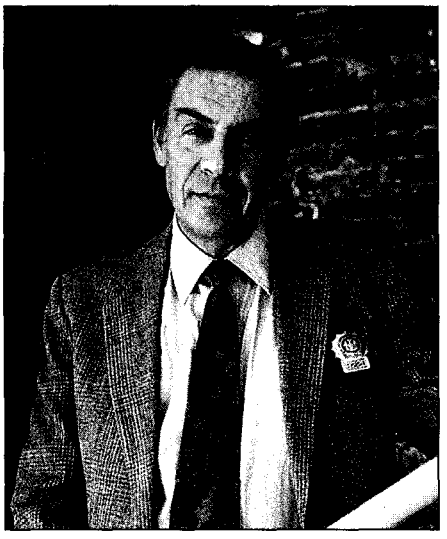
Post People

Though ***Jerry Orbach*** currently intrigues TV viewers with "Law and Order," now the second-longest-running drama series on the small screen, his professional acting career began on the live stage.



At 16 he played summer stock. By 21 he reached the New York stage, playing Mack the Knife in *The Threepenny Opera*. Later, he garnered awards and praise for roles in *Guys and Dolls*, *Promises, Promises*, and most recently *42nd Street*.

Add to these credits his Emmy-nominated appearances in the TV adaptation of Neil Simon's *Broadway Bound* and "The Golden Girls." You also may recognize him from "Empty Nest," "Murder, She Wrote," and "The Law and Harry McGraw."

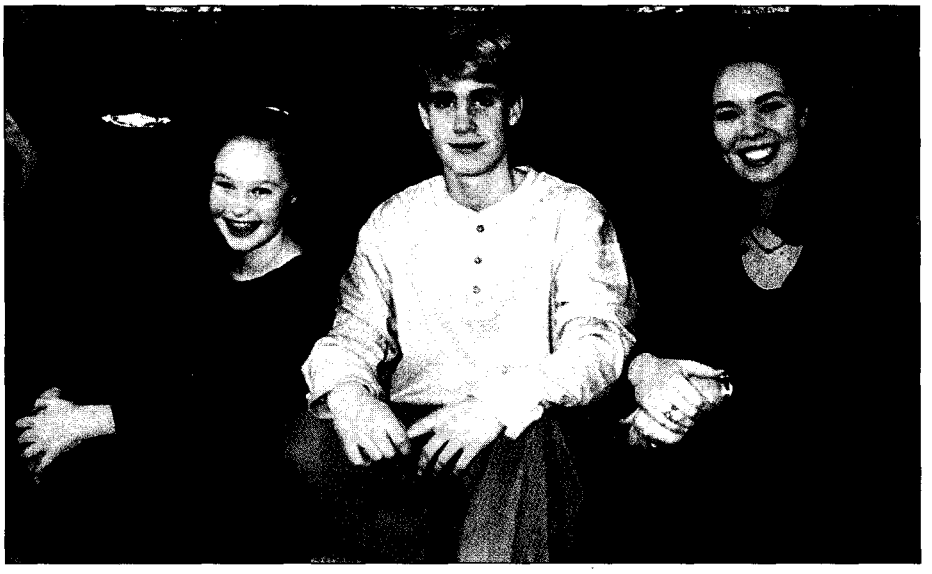
If your TV taste centers on hot stories from today's headlines, "Law and Order" is definitely a feast. ▲

Animal shelters throughout the United States and Canada are uniting in a first-ever effort to bring thousands of homeless dogs, cats, puppies, and kittens together with good adoptive families in one weekend, May 4-5, 1996. The event is called Pet Adoptathon '96—and pet lovers everywhere are offering their help.

Singers ***Eydie Gorme*** and ***Steve Lawrence*** are by no means the only celebrities supporting this compassionate undertaking. Among the others are: Harry Belafonte, Tony Bennett, Matthew Broderick, Phil Donahue, Roberta Flack, Marvin Hamlisch, and Mariette Hartley.

Not to mention Henry Kissinger, Marsha Mason, Georgette Mosbacher, Stefanie Powers, Kenny Rogers, and Ivana Trump.

If you want to take part, call 800-863-4267 to learn more about Pet Adoptathon '96. ▲



Academy Award-winning actor ***Richard Dreyfuss*** didn't win any awards as a student. "I lived in the principal's office," he admits. "They had a special seat for me there."

And how would the star of the current hit movie *Mr. Holland's Opus* get into so much trouble in school? "I talked back," he says. "I always had an attitude. I refused to be ignored."

Fortunately, Rose J. Landau, drama teacher and acting coach, saw the talent behind the sass. Dreyfuss says he thought of her often during the making of *Opus*, an inspiring film about several decades in the life of Glenn Holland, a composer-turned-music teacher.

"I finally figured out what it was that made Rose J. such a great teacher," he reflects. "She really believed that . . . we were as great as we thought we were. I can still see her face the night we did the play *The Zoo Story*. She looked at me like I was God's gift. And because she felt that way, I was." ▲

If you are a loyal *Post* reader, you'll recognize these faces—***Melanie, Alex,*** and ***Jennie Eisenhower***. You already know that their presidential grandfathers were Dwight D. Eisenhower and Richard M. Nixon; their father, David Eisenhower; their mother, Julie Nixon Eisenhower.

Remember the poise of these young Eisenhowers throughout the funeral of Grandfather Nixon? Or you may have seen their mother and her sister, Tricia, unveil a commemorative postage stamp in Nixon's honor in 1995.

In addition to lecturing on life in the White House, writing, and editing books, Julie Eisenhower also finds time to maintain a comfortable, private life at home for husband David and their three children. ▲

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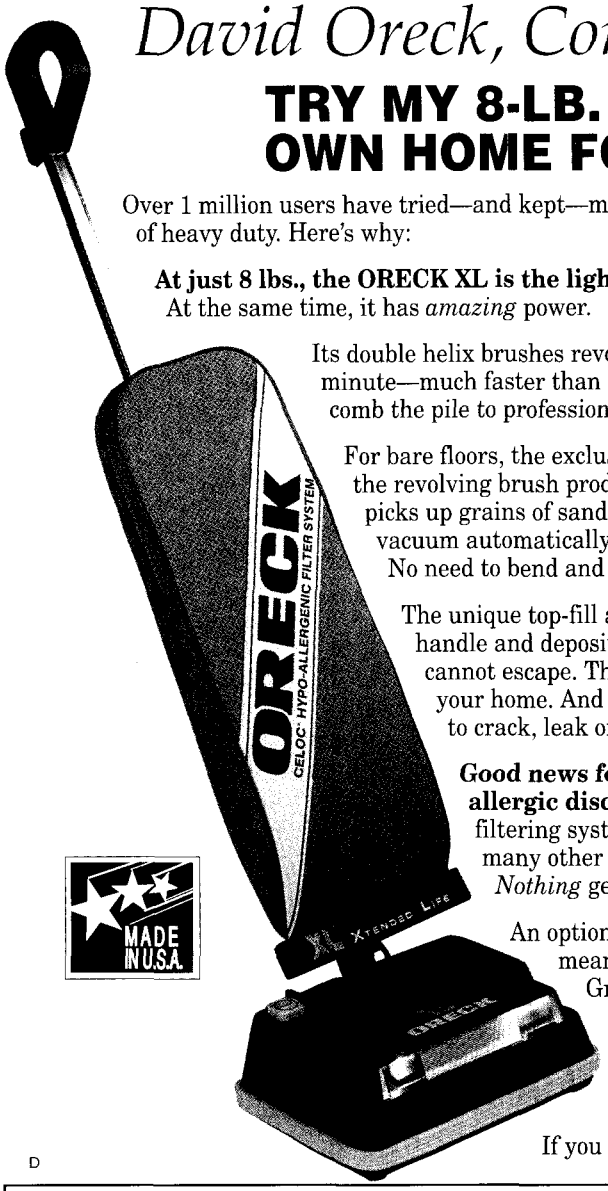

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FOOD

USING THE OLD BEAN

Cholesterol-laden red meats aren't the only good sources of protein. Soybeans have provided it for thousands of years, and now they've been updated for American tastes.

CALICO CHILI

The Chinese call the soybean *ta tou*, which means "greater bean." After cooking with soy for millennia, they really ought to know. Soybeans, in fact, have more fiber and protein than any other bean and are also extremely rich in calcium and potassium.

Eating soy-based foods has been associated with lower levels of cancer, heart disease, kidney disease, and osteoporosis. Scientists are now investigating some of these links.

Recently, the *New England Journal of Medicine* surveyed 38 studies of the effects of soy on cholesterol levels and concluded that adding soy to the diet can significantly reduce total cholesterol in people with elevated cholesterol levels. The average cholesterol reduction was 9.3 percent.

Exactly how soy lowers cholesterol is still unknown. Some researchers speculate that soy protein stimulates receptor mechanisms on the cell surfaces that favor cholesterol breakdown and elimination. About 31 to 47 grams of soy protein (one to 1¾ ounces) daily appear to be enough to promote cholesterol reduction.

Soy foods are still relatively new to most Americans. Tofu, the cheeselike soybean curd, is now widely available; however, dried soybeans, soy flour, and soybean milk may require a visit to a natural-foods store.

Is it worth the extra trip to put soy in your diet? We think so. After trying the following recipes, we're sure you'll agree.

Calico Chili

(Makes 10 servings)

2 cups dried edible soybeans, soaked overnight
1 cup chopped carrots
⅔ cup each red, green, and yellow bell peppers
1 cup chopped onions
1 cup chopped celery
3 cloves garlic, minced
2 cans (16 oz. each) Red Gold chili-style diced tomatoes
1 can (16 oz.) dark red kidney beans, drained and rinsed
2 tablespoons chili con carne seasoning
2 tablespoons seasoned pepper
1 teaspoon dried oregano

Condiments:
Low-fat shredded cheese
Fresh chopped cilantro
Fresh chopped onions

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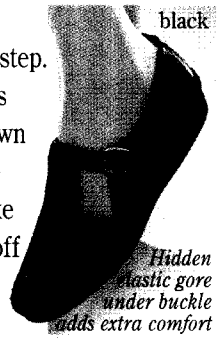

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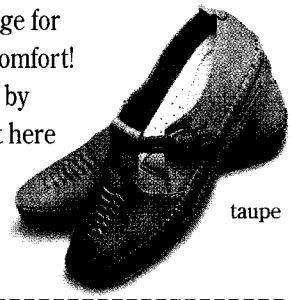
Hidden elastic gore under buckle adds extra comfort



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Place dry beans in 4-6 cups water and allow to soak overnight. Remove and drain. Soybeans may be frozen for future use.

Bring 3 cups beans and 4 cups water to boil, then simmer 1 hour. Drain all but 2 cups water. Place beans, water, and remaining ingredients in Crockpot. Stir to blend seasonings. Set on low and cook 8-10 hours. Top with condiments, as desired.

Microwave version: Place water and soaked beans in large microwave dish. Microwave on High 20 minutes. Drain all but 2 cups water. Place beans and all other ingredients in dish. Stir to mix. Microwave on High 30 minutes, Medium-High 15 minutes, and Medium-Low 20 minutes. Allow to stand 15 minutes.

Per Serving (1⅓-1½ cups):
Calories: 187 Carbohydrate: 25.1 gm
Cholesterol: 0 mg Protein: 11.4 gm
Sodium: 564 mg Fat: 4.5 gm
Diabetic exchange: 1 bread + 2 vegetable + ½ lean meat + ½ fat

APPLE SALAD & TOFU-HONEY CINNAMON DRESSING

Apple Salad & Tofu-Honey Cinnamon Dressing

(Makes 8 servings)

2 Granny Smith apples, sliced
2 Red Delicious apples, sliced
¼ cup fresh lemon juice
1 cup water
3 stalks celery, sliced diagonally
1 can (8 oz.) pineapple tidbits, drained
⅓ cup walnuts, coarsely chopped
Mint sprigs

Dressing:
1 cup plain fat-free yogurt
½ cup soft silken tofu
1 tablespoon honey
1 teaspoon ground cinnamon

Place sliced apples in mixture of lemon juice and water. Add more water if needed to cover apples. At serving time, drain liquid from apples. Combine apples, celery, pineapple, and nuts.

For the dressing: Combine yogurt, tofu, honey, and cinnamon in food processor and blend until smooth. Chill.

Combine apple mixture with dressing and toss gently. Serve on a bed of fresh greens. Garnish with mint sprigs.

Per Serving (¾-1 cup):
Calories: 150 Carbohydrate: 25.2 gm
Cholesterol: 1 mg Protein: 3.6 gm
Sodium: 39 mg Fat: 3.8 gm
Diabetic exchange: 1½ fruit + ½ lean meat + ½ fat

Beefy Tofu Enchiladas

(Makes 8 servings)

½ cup chopped onion
1 pound very lean ground beef, browned and drained
1 can (4 oz.) chopped green chilies
1 clove garlic, minced
1 teaspoon dried cilantro
1 package (10.5 oz.) firm tofu, mashed
½ teaspoon cumin seed
2 cups Red Gold diced tomato, drained
8 8" soft flour tortillas
2 cups Red Gold thick tomato salsa
1 cup shredded fat-free cheddar cheese

Preheat oven to 350°. Lightly spray 9"x13" baking dish with nonstick spray. In bowl, combine all ingredients except tortillas, tomato salsa, and

continued on page 24

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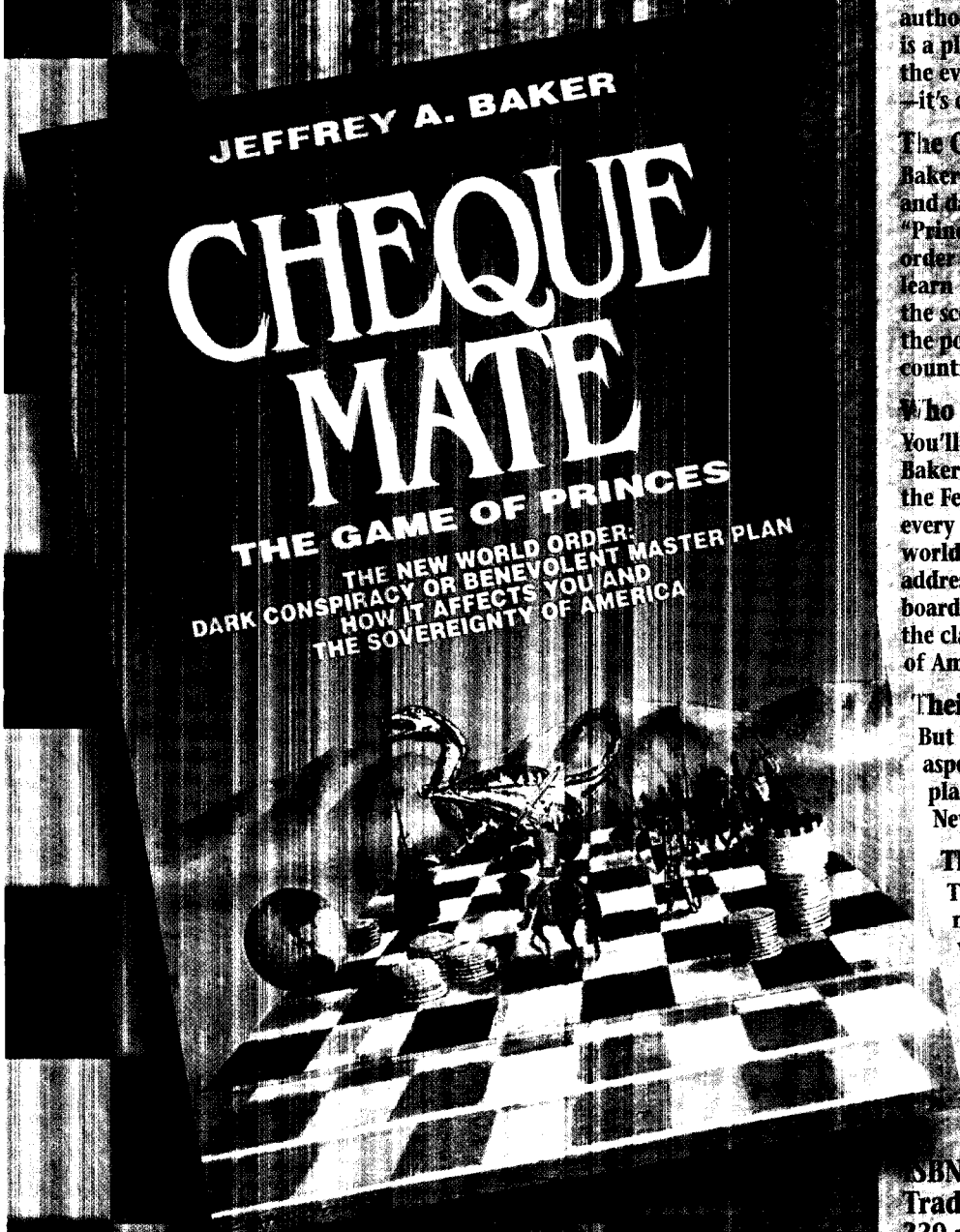
The Stakes Are High... The Results Are Final...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HOW IT AFFECTS YOU AND
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In *Cheque Mate: The Game of Princes*, author Jeffrey A. Baker contends that there is a plan for a one-world government and the evidence presented is beyond credible —it's compelling!

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You'll find out in this intriguing book as Baker reveals how their tentacles reach from the Federal Reserve to the Central Banks of every major and rising nation around the world; from the halls of Congress to other addresses on Pennsylvania Avenue; from the board rooms of multi-national corporations to the classrooms and even the pulpits of America.

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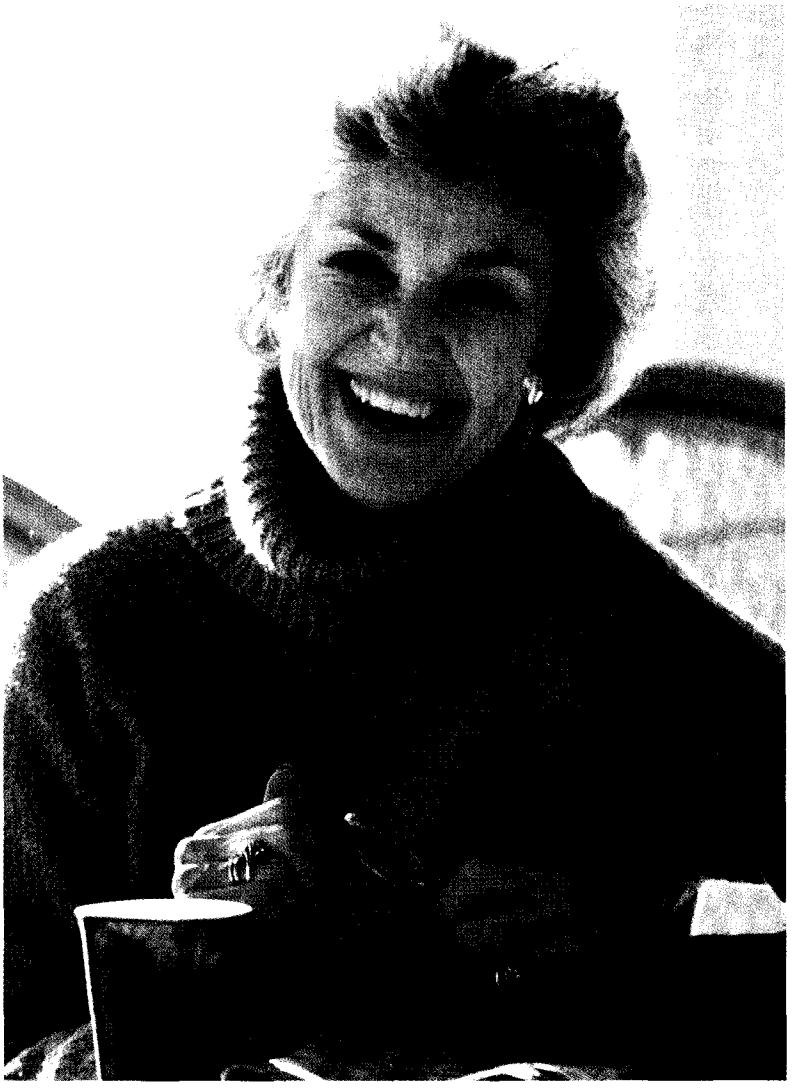

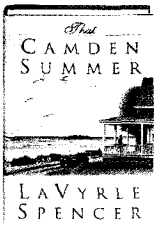

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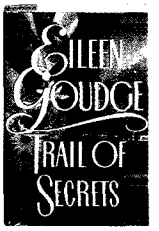

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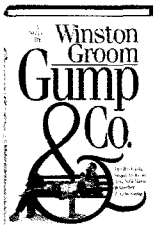

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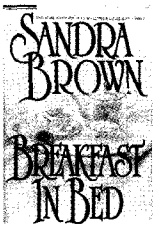

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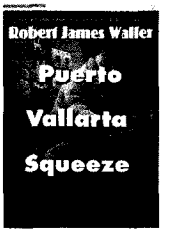

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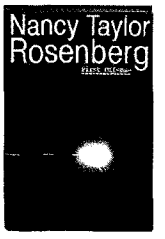

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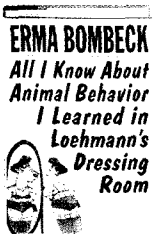

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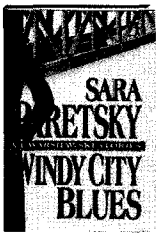

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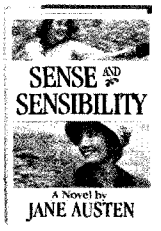

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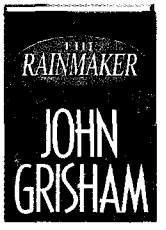

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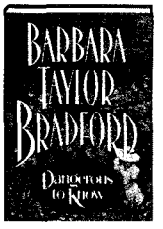

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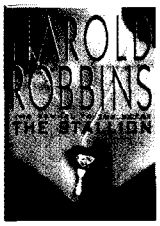

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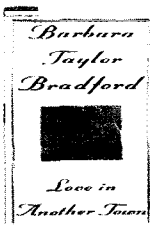

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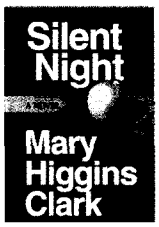

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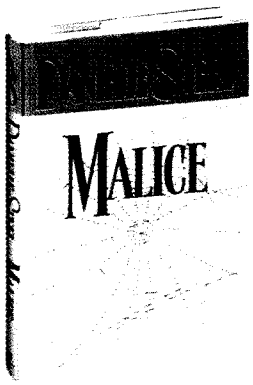

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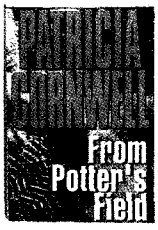

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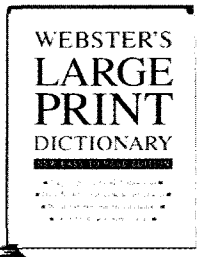

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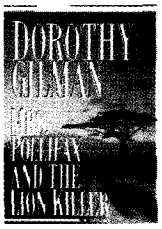

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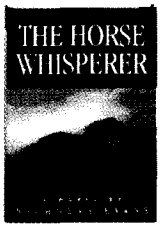

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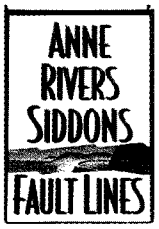

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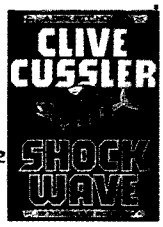

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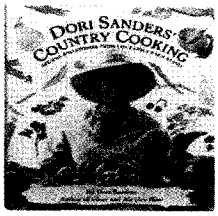

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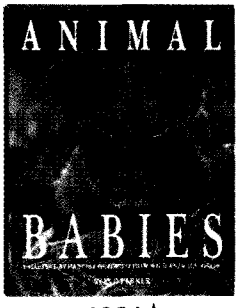

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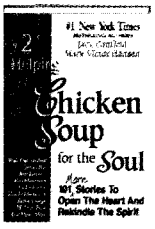

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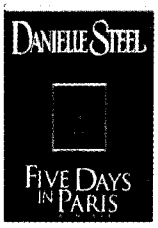

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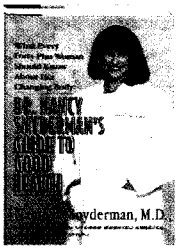

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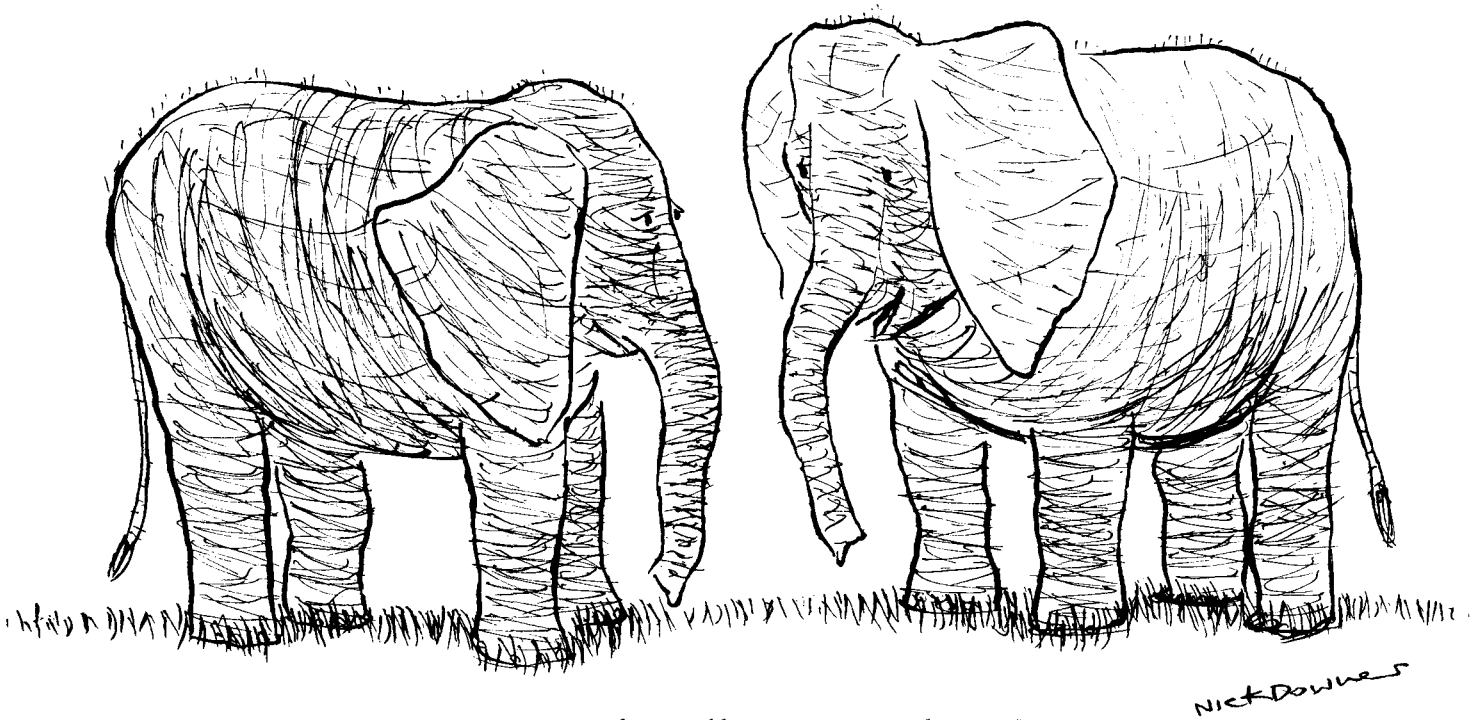
GROWING OLD GRACEFULLY

"Face it, Charlie—you're getting too old for this stuff."

"You have all of the symptoms of a man over 50."



"Nonsense—a few wrinkles give a woman character."

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Burl Ives' Gospel Music Treasury

30 Songs Of Faith

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- Jesus Loves Me
- Bringing In The Sheaves
- Leaning On The Everlasting Arms
- Victory In Jesus
- The Lily Of The Valley
- Beyond The Sunset
- What A Friend We Have In Jesus
- Blessed Assurance
- All Things Bright And Beautiful
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- When They Ring Those Golden Bells
- Count Your Blessings One By One
- In The Sweet By And By
- Will The Circle Be Unbroken
- *And Many More!*

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POST BOOKSHELF

THE WRONG STUFF

If you believe bulls hate the color red, contortionists are double-jointed, or electric fans cool the air, you'd better read this book.

by Maynard Good Stoddard

Everything You Know Is Wrong
by Paul Kirchner
191 pages, Rhino Books, $14.95
($19.95 Canada)

What do you think you know *for sure*? Author Paul Kirchner dares to pin you down by asking, How do you know what you know is right? Then he comes up with evidence to prove that you are all wet—from your socks up.

Columbus proved the world was round, right? Wrong.

A snake beguiled Eve in the Garden of Eden, right? Wrong.

An airplane's black box is black, right? Don't be funny.

Stringed instruments are strung with catgut, right? Crazy, man.

Kirchner is off his rocker, right? He goes to great lengths (191 pages) to prove that he is not.

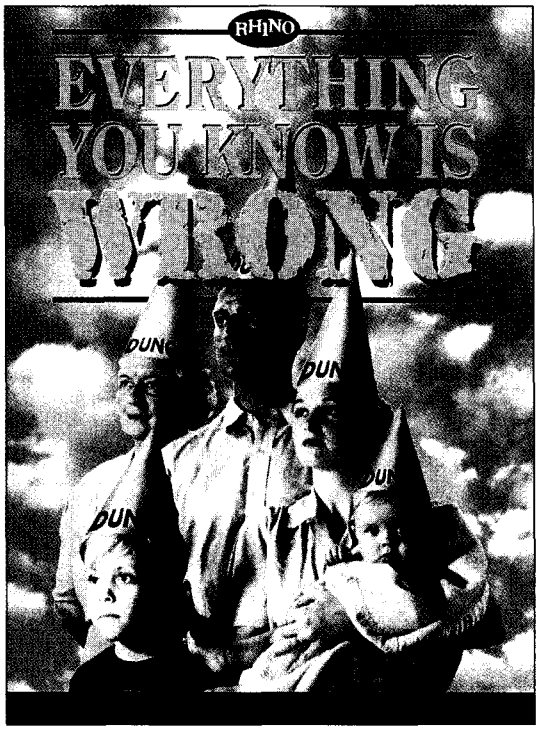
"It is surprising how much we take for granted turns out to be wrong," he writes. "There are any number of things we accept because they sound as though they should be true, whether or not they are.

"So I set out boldly to debunk," he concludes in his introduction to *Everything You Know Is Wrong*, "yet realize that I too may be caught in error. It goes with the territory."

Not that Kirchner sticks his neck out unguarded by facts and logical interpretations.

Although we learned in grade school, and the idea was furthered in college, that Columbus proved the earth was round, as early as the sixth century, B.C., Pythagoras put forth the view that the earth was a globe. By the time Columbus sailed upon the scene, few Europeans believed the earth was flat and that sailors heading for the Indies would fall off the edge.

Or take Eve's run-in with the "creature" in the Garden of Eden who induced her to sink her teeth into the Red Delicious. Kirchner first points out that the Bible contains no reference to a snake. A serpent, yes. But God condemned it to spend eternity crawling on its belly in the dust. "Which wouldn't make sense," the author further points out, "if it had no legs to begin with."



As for the apple, he contends that apples are unlikely to grow in that part of the world. Because Adam and Eve covered themselves with fig leaves, he suggests the fruit could well have been a fig.

As for the black box—carried by every military and commercial plane—not being black, there's no speculation here. The black box is actually bright orange, making it much easier to spot after an accident.

Now for catgut. "Cat lovers need not cry for all the lap-loungers that gave their lives that a violin might live," are the author's comforting words. "Catgut is a term for a tough cord made from chemically treated animal intestines, but the animals who supplied it have always been sheep."

What else did you think you knew? Abner Doubleday invented baseball? Boa constrictors crush their prey? Bogart said, "Play it again, Sam"? Cagney said, "You dirty rat"?

Kirchner has done his homework, and done it well—189 times. That is the number of factual balloons he has popped with his inquisitive mind and his research needle.

Two hundred and 50 years ago, the British were playing a game called "rounders" on a diamond with a base at each corner. The main difference between it and what we call baseball is that a fielded ball could be thrown *at* the base runner to make him out. (And possibly out for some time.)

The boa doesn't crush his prey; he kills it by suffocation.

The closest thing to Bogart's "Play it again, Sam" in the movie *Casablanca* was Ingrid Bergman's line, "Play it, Sam. Play 'As Time Goes By.' " Later, Bogart says, "If she can stand it, I can. Play it!"

Kirchner also invites you to search Cagney's more than 70 movies for "You dirty rat!" It just isn't there, or anything like it.

But we have only touched the surface of *Everything You Know Is Wrong*. The diligent and witty Kirchner also shoots down such taken-for-granted legends as "bulls hate the color red," "contortionists are double-jointed," "electric fans cool the air," "mice like cheese," "moths eat clothes," "Napoleon was short."

Though Kirchner has dedicated this work to his parents, by this time can he be sure they *are* his parents? Does he *really* live in Connecticut with his wife and three children? The questions must cause him sleepless nights, which is only fair because *Everything You Know Is Wrong* will cost you at least one night of shortened sleep. Unless you have the willpower to eat just one potato chip, you won't put the book down until you reach the final page, which states, "You can't tickle yourself."

Or can you?

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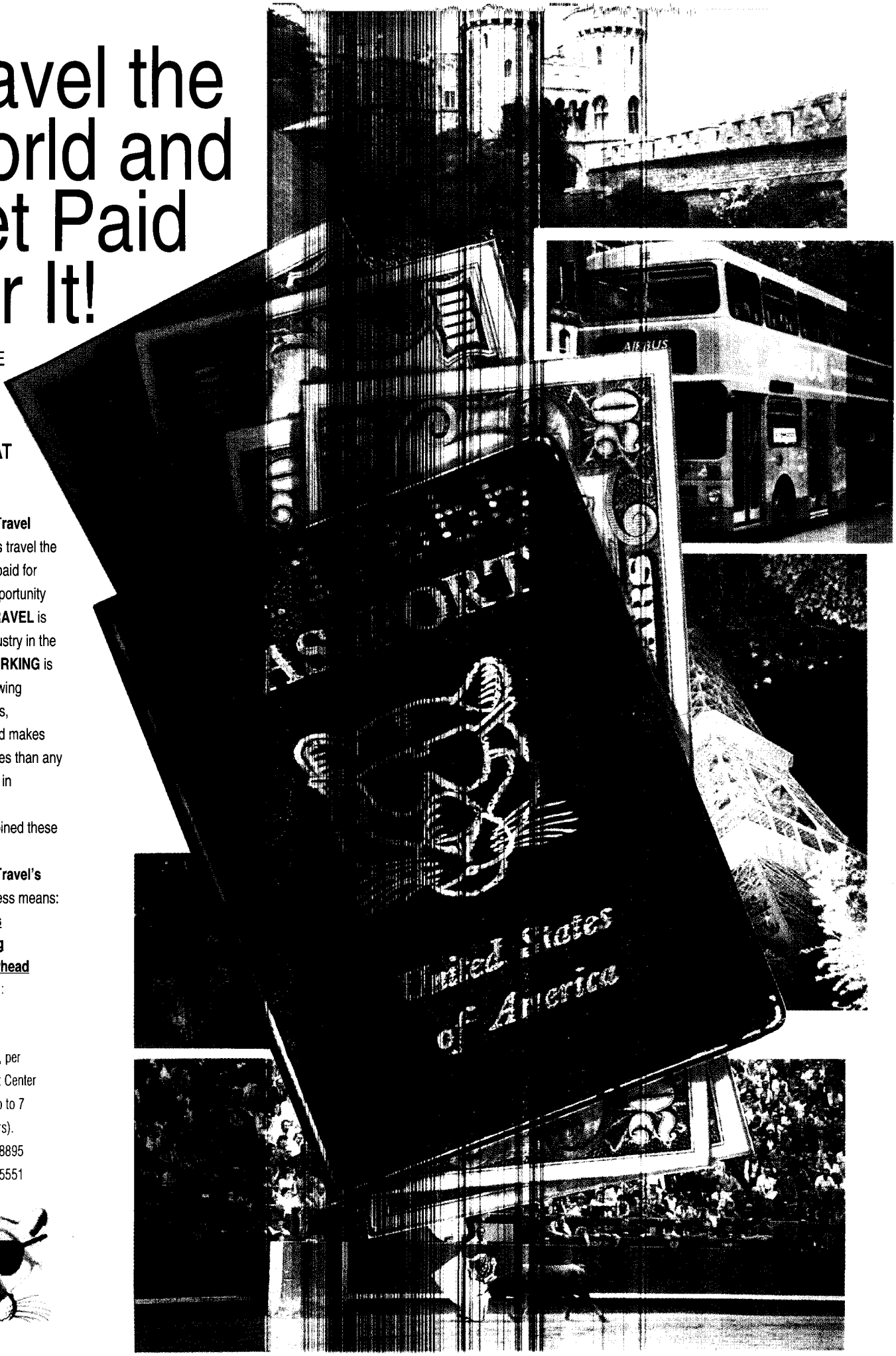

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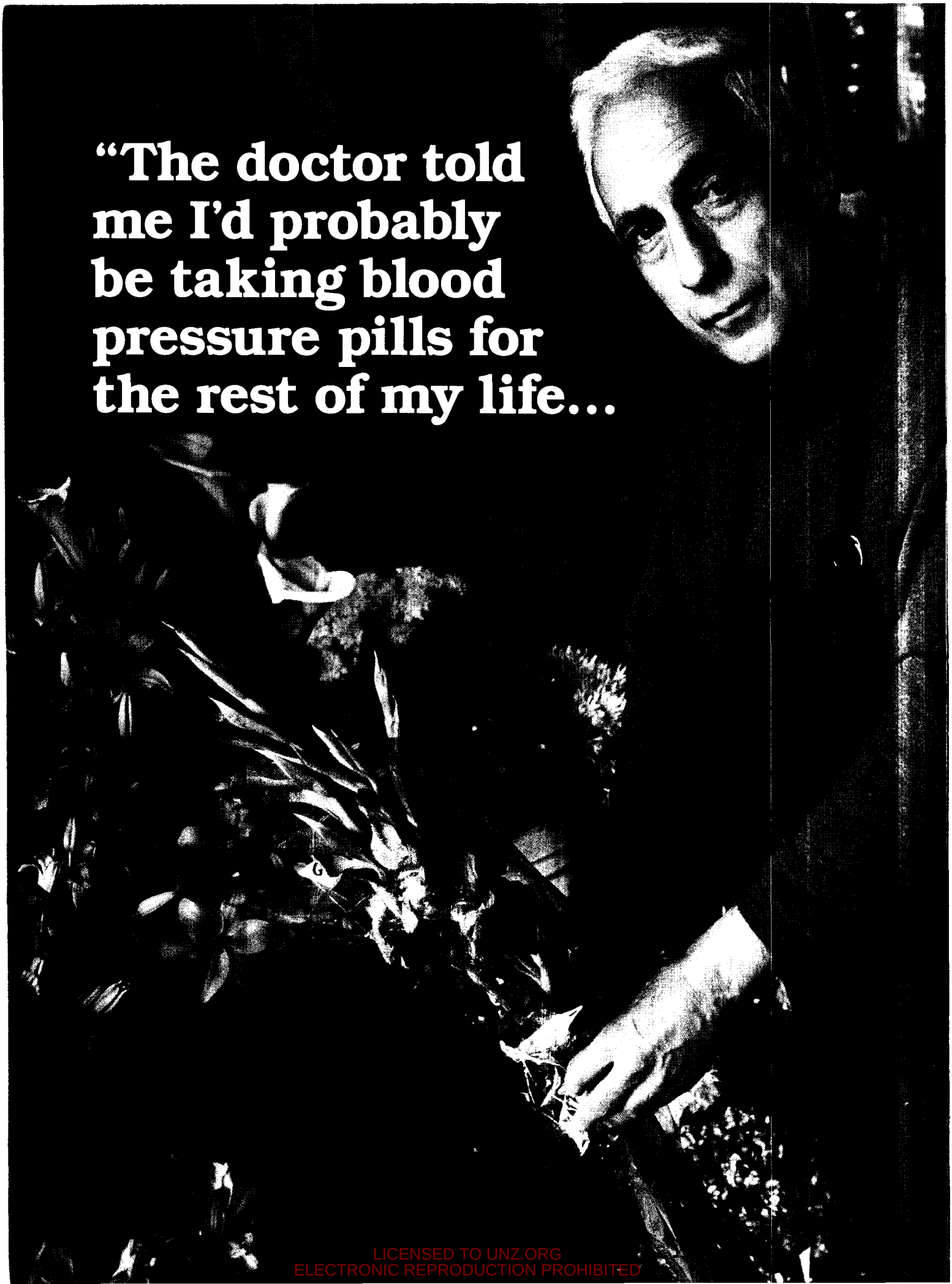

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If you're taking the Procardia XL®* brand of nifedipine for high blood pressure, you may be spending a lot for it.

Now, the Adalat® CC brand of nifedipine [pronounced Add-uh-lat] may lower the cost of once-a-day nifedipine therapy.† Lower the cost as much as 28%‡§ less than Procardia XL.

Depending on which dosage strength you're taking, Adalat CC could save you up to $200...or more a year.‡§ This makes Adalat CC a real value.

As with other medications of the same class, Adalat CC has been associated with swelling of the extremities, headache and other minor side effects.

So if you're taking Procardia XL for high blood pressure, not angina, and you can remember to take Adalat CC on an empty stomach, show this page to your doctor and ask if he or she would consider switching you from Procardia XL to Adalat CC for your high blood pressure. Only your doctor can authorize this switch. When switching brands of drugs, additional costs may be incurred for office visits or monitoring. If your doctor thinks it's necessary, your dosage will be adjusted.

...The good news is how much I might save‡§ since he switched me to Adalat CC (nifedipine) from Procardia XL® (nifedipine)."

Once-A-Day

Adalat® CC
nifedipine EXTENDED RELEASE TABLETS

30mg, 60mg & 90mg

ACTUAL SIZE OF TABLETS

... It's Your Money.

§ *The cost of these products may vary depending on where you live and your pharmacy's pricing policy. Ask your pharmacist how much you can save.*

† *Price comparisons are not intended to compare effectiveness.*

‡ *These calculations are based on average retail prices as reported by IMS America, Ltd.*[1]

*Procardia XL (nifedipine) is a registered trademark of Pfizer Labs Division, Pfizer Inc.

Please see next page for additional important information.

Bayer

Pharmaceutical Division

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Once-A-Day

Adalat® CC
nifedipine EXTENDED RELEASE TABLETS

30mg, 60mg & 90mg

BRIEF SUMMARY
CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION
For Oral Use

PZ500025BS 6/95

INDICATION AND USAGE: ADALAT CC is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents.

CONTRAINDICATIONS: Known hypersensitivity to nifedipine.

WARNINGS: Excessive Hypotension: Although in most patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration or at the time of subsequent upward dosage adjustment, and may be more likely in patients using concomitant beta-blockers.

Severe hypotension and/or increased fluid volume requirements have been reported in patients who received immediate release capsules together with a beta-blocking agent and who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of nifedipine and a beta-blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, in other surgical procedures, or with other narcotic analgesics cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and, if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be washed out of the body prior to surgery.

Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction upon starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beta-Blocker Withdrawal: When discontinuing a beta-blocker it is important to taper its dose, if possible, rather than stopping abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of nifedipine treatment will not prevent this occurrence and on occasion has been reported to increase it.

Congestive Heart Failure: Rarely, patients (usually while receiving a beta-blocker) have developed heart failure after beginning nifedipine. Patients with tight aortic stenosis may be at greater risk for such an event, as the unloading effect of nifedipine would be expected to be of less benefit to these patients, owing to their fixed impedance to flow across the aortic valve.

PRECAUTIONS: General - Hypotension: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and titration of ADALAT CC is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure (See WARNINGS).

Peripheral Edema: Mild to moderate peripheral edema occurs in a dose-dependent manner with ADALAT CC. The placebo subtracted rate is approximately 8% at 30 mg, 12% at 60 mg and 19% at 90 mg daily. This edema is a localized phenomenon, thought to be associated with vasodilation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.

Information for Patients: ADALAT CC is an extended release tablet and should be swallowed whole and taken on an empty stomach. It should not be administered with food. Do not chew, divide or crush tablets.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestasis with or without jaundice has been reported. A small increase (<5%) in mean alkaline phosphatase was noted in patients treated with ADALAT CC. This was an isolated finding and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported with nifedipine treatment. In controlled studies, ADALAT CC did not adversely affect serum uric acid, glucose, cholesterol or potassium.

Nifedipine, like other calcium channel blockers, decreases platelet aggregation *in vitro*. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated.

Positive direct Coombs' test with or without hemolytic anemia has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some.

Drug Interactions: Beta-adrenergic blocking agents: (See WARNINGS).

ADALAT CC was well tolerated when administered in combination with a beta blocker in 187 hypertensive patients in a placebo-controlled clinical trial. However, there have been occasional literature reports suggesting that the combination of nifedipine and beta-adrenergic blocking drugs may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina in patients with cardiovascular disease.

Digitalis: Since there have been isolated reports of patients with elevated digoxin levels, and there is a possible interaction between digoxin and ADALAT CC, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing ADALAT CC to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.

Quinidine: There have been rare reports of an interaction between quinidine and nifedipine (with a decreased plasma level of quinidine).

Cimetidine: Both the peak plasma level of nifedipine and the AUC may increase in the presence of cimetidine. Ranitidine produces smaller non-significant increases. This effect of cimetidine may be mediated by its known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of nifedipine. If nifedipine therapy is initiated in a patient currently receiving cimetidine, cautious titration is advised.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. *In vivo* mutagenicity studies were negative.

Pregnancy: Pregnancy Category C. In rodents, rabbits and monkeys, nifedipine has been shown to have a variety of embryotoxic, placentotoxic and fetotoxic effects, including stunted fetuses (rats, mice and rabbits), digital anomalies (rats and rabbits), rib deformities (mice), cleft palate (mice), small placentas and underdeveloped chorionic villi (monkeys), embryonic and fetal deaths (rats, mice and rabbits), prolonged pregnancy (rats; not evaluated in other species), and decreased neonatal survival (rats; not evaluated in other species). On a mg/kg or mg/m^2 basis, some of the doses associated with these various effects are higher than the maximum recommended human dose and some are lower, but all are within an order of magnitude of it.

The digital anomalies seen in nifedipine-exposed rabbit pups are strikingly similar to those seen in pups exposed to phenytoin, and these are in turn similar to the phalangeal deformities that are the most common malformation seen in human children with *in utero* exposure to phenytoin.

There are no adequate and well-controlled studies in pregnant women. ADALAT CC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Nifedipine is excreted in human milk. Therefore, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

ADVERSE EXPERIENCES: The incidence of adverse events during treatment with ADALAT CC in doses up to 90 mg daily were derived from multi-center placebo-controlled clinical trials in 370 hypertensive patients. Atenolol 50 mg once daily was used concomitantly in 187 of the 370 patients on ADALAT CC and in 64 of the 126 patients on placebo. All adverse events reported during ADALAT CC therapy were tabulated independently of their causal relationship to medication.

The most common adverse event reported with ADALAT® CC was peripheral edema. This was dose related and the frequency was 18% on ADALAT CC 30 mg daily, 22% on ADALAT CC 60 mg daily and 29% on ADALAT CC 90 mg daily versus 10% on placebo.

Other common adverse events reported in the above placebo-controlled trials include: Headache (19%, versus 13% placebo incidence); Flushing/heat sensation (4%, versus 0% placebo incidence); Dizziness (4%, versus 2% placebo incidence); Fatigue/asthenia (4%, versus 4% placebo incidence); Nausea (2%, versus 1% placebo incidence); Constipation (1%, versus 0% placebo incidence).

Where the frequency of adverse events with ADALAT CC and placebo is similar, causal relationship cannot be established.

The following adverse events were reported with an incidence of 3% or less in daily doses up to 90 mg:

Body as a Whole/Systemic: chest pain, leg pain **Central Nervous System:** paresthesia, vertigo **Dermatologic:** rash **Gastrointestinal:** constipation **Musculoskeletal:** leg cramps **Respiratory:** epistaxis, rhinitis **Urogenital:** impotence, urinary frequency

Other adverse events reported with an incidence of less than 1.0% were:

Body as a Whole/Systemic: cellulitis, chills, facial edema, neck pain, pelvic pain, pain **Cardiovascular:** atrial fibrillation, bradycardia, cardiac arrest, extrasystole, hypotension, palpitations, phlebitis, postural hypotension, tachycardia, cutaneous angiectases **Central Nervous System:** anxiety, confusion, decreased libido, depression, hypertonia, insomnia, somnolence **Dermatologic:** pruritus, sweating **Gastrointestinal:** abdominal pain, diarrhea, dry mouth, dyspepsia, esophagitis, flatulence, gastrointestinal hemorrhage, vomiting **Hematologic:** lymphadenopathy **Metabolic:** gout, weight loss **Musculoskeletal:** arthralgia, arthritis, myalgia **Respiratory:** dyspnea, increased cough, rales, pharyngitis **Special Senses:** abnormal vision, amblyopia, conjunctivitis, diplopia, tinnitus **Urogenital/Reproductive:** kidney calculus, nocturia, breast engorgement

The following adverse events have been reported rarely in patients given nifedipine in other formulations: allergenic hepatitis, alopecia, anemia, arthritis with ANA (+), depression, erythromelalgia, exfoliative dermatitis, fever, gingival hyperplasia, gynecomastia, leukopenia, mood changes, muscle cramps, nervousness, paranoid syndrome, purpura, shakiness, sleep disturbances, syncope, taste perversion, thrombocytopenia, transient blindness at the peak plasma level, tremor and urticaria.

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Reference:
1. *IMS NPA+, IMS America, LTD., January 1996.*

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Using the Old Bean

continued from page 14

cheese. Place ½ cup of mixture in center of each tortilla and roll. Place in baking dish, seam side down. Pour salsa over enchiladas. Sprinkle with shredded cheese. Cover pan with aluminum foil and bake 25-30 minutes.

Per Serving (1 enchilada):
Calories: 289 Carbohydrate: 30 gm
Cholesterol: 30 mg Protein: 25.7 gm
Sodium: 561 mg Fat: 7.3 gm
Diabetic exchange: 1 bread + 2 vegetable + 2 med.-fat meat

Zesty Corn Muffins
(Makes 12 muffins)

¾ cup flour
¼ cup soy flour
1 cup yellow cornmeal
2 tablespoons sugar
1 teaspoon baking soda
1 cup buttermilk or sour milk
¼ cup oil
½ cup egg substitute
½ cup shredded fat-free cheddar cheese
¼ cup chopped green chilies

Preheat oven to 425°. Spray muffin pans with nonstick spray. In medium bowl, combine first 5 ingredients. Stir together buttermilk, oil, and egg substitute; add to dry ingredients. Gently stir in cheese and green chilies. Pour into muffin pan. Bake 22-25 minutes.

Per Serving (1 muffin):
Calories: 142 Carbohydrate: 17.4 gm
Cholesterol: 2 mg Protein: 5.1 gm
Sodium: 149 mg Fat: 5.6 gm
Diabetic exchange: 1 bread + ¼ skim milk + 1 fat

Creamsicle Spritzer
(Makes 2 servings)

½ cup vanilla-flavored soy milk
½ cup orange juice
1 cup sparkling water

Blend vanilla-flavored soy milk and orange juice in blender. Pour over ice and add sparkling water.

Note: Instead of orange juice, you might try pineapple juice, grapefruit juice, citrus combinations, or vary sparkling water with citrus water for new flavors.

Per Serving (8 oz.):
Calories: 50 Carbohydrate: 7.5 gm
Cholesterol: 0 mg Protein: 2.1 gm
Sodium: 9 mg Fat: 1.3 gm
Diabetic exchange: ¼ milk + ¼ fruit

For information about soy products and where they may be purchased, call 1-800-825-5769, Monday-Friday, 8:00 a.m. to 4:00 p.m. CST.

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"Homocysteine may be responsible for a substantial proportion of heart disease cases that are not explained by other risk factors. . . .What we saw was that individuals with higher folate intakes had lower risk of carotid stenosis. . . . People who had diets high in folate did appear to have a lower risk of vascular disease."

Dr. Paul Jacques, Tufts University Homocysteine Study

Researchers at Tufts University and the Framingham Heart Study have discovered that adults who fail to get enough B vitamins in their diet, especially folic acid, run an increased risk of cardiovascular disease, including stroke, clogged arteries, and coronary heart disease. B vitamins, especially B_{12} and folic acid, help keep blood levels of the amino acid homocysteine in check, reducing one's risk of developing cardiovascular disease—the #1 killer of Americans.

The three-year Tufts study of more than 1,000 participants between ages 67 and 95 also found that elevated homocysteine levels can be brought into check by eating foods high in folate, such as spinach and green leafy vegetables, and by taking vitamin supplements.

Folic acid's role in preventing devastating neural tube birth defects is well-established. To help all women of childbearing age get enough of the vitamin that can prevent neural tube birth defects, the FDA will require all enriched foods be fortified with folic acid, beginning in 1998.

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HOME IMPROVEMENTS

THE SOFT TOUCH FOR HARDWOOD

Dings and dents can happen even to the most protected furniture. Here's how you can fix unsightly glitches from glass rings to scratches using simple household products.

by Susan M. Regan

With just a little TLC, genuine hardwood furniture will last a lifetime—several lifetimes, in fact. Consider grandfather's roll-top desk: a valued treasure passed on from generation to generation. Taking good care of your solid hardwood furniture ensures its longevity. It's easy and largely a matter of common sense.

Heat, Humidity, and Hardwoods

Did you know that up to half the weight of freshly sawn wood is water? Furniture is crafted from wood that is carefully dried, retaining just enough moisture for the furniture to properly acclimate to the relative humidity in your home. The wood in furniture continues to exchange moisture with the air, shrinking and expanding in response to changes in relative humidity.

Like your own skin, solid hardwood furniture's natural response to extremely dry air is to lose moisture and shrink a bit. The halves of an extension table may part slightly, or a few tiny openings may appear on a solid wood surface. This will correct itself as the relative humidity rises and the wood absorbs enough moisture to expand slightly.

On the other hand, if you don't have an air conditioner or dehumidifier, your home's relative humidity may get too high. Parts of your wood furniture may absorb excess moisture from the air and expand, perhaps causing drawers to stick. Once again, this will correct itself as your home's relative humidity decreases. The furniture's quality and sturdiness are not affected by these natural changes.

Here are some ways to ensure your solid hardwood furniture's longevity:

* For your comfort, as well as to protect your furniture, use a humidifier in the winter and an air conditioner in the summer to keep relative humidity to 25 to 35 percent.
* Avoid placing furniture directly in front of radiators, heat runs, or fireplaces.
* Don't expose hardwood furniture to continuous direct sunlight. Draw the curtains occasionally.
* Store table leaves as close as possible to the table. Keep them in an upstairs closet rather than in a damp basement, so that the table and leaves are adjusting to the same relative humidity.

Pride of ownership is still reflected in beautifully polished furniture. Aging only makes the wood surfaces more appealing.

Giving Your Hardwood Furniture a Little TLC

It's surprisingly simple to protect and enhance hardwood's natural beauty. All that's needed is some tender loving care. Here are a few tips from the experts.

* Read the manufacturer's care directions carefully and keep them handy for future reference.
* Dust with a soft cloth by following the grain pattern of

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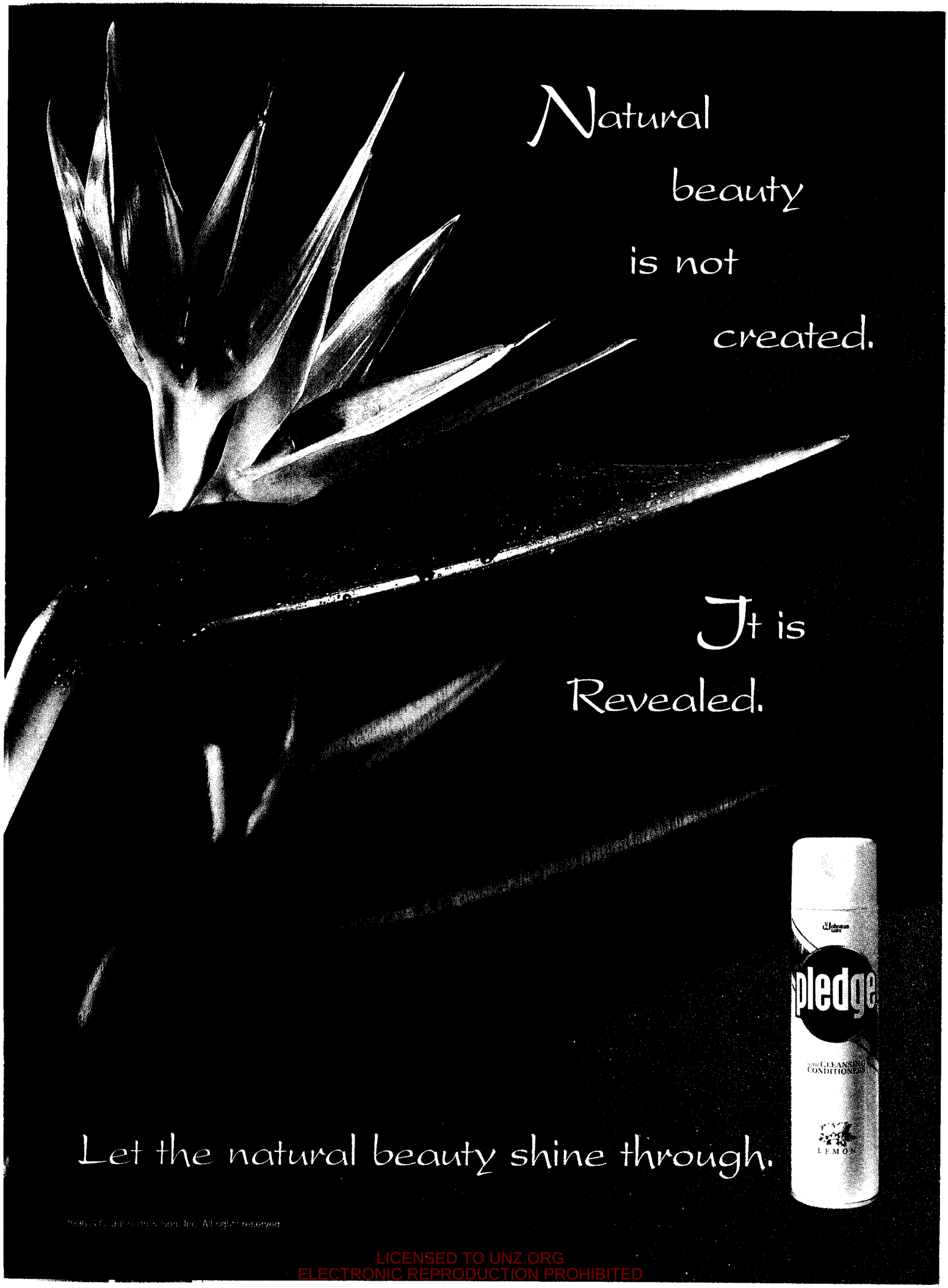

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Repairs Made Simple

Minor damage to solid hardwood furniture can be repaired quickly and effectively with the right materials and some careful attention to detail. More complex repair or refinishing jobs are best left to professionals, especially if the piece is one of today's super finishes.

Scratch and Nick First Aid

When preparing to repair small nicks or scratches, always test an inconspicuous area of the furniture first to make certain the mixture won't damage the finish.

FINISH:	TREATMENT:
Dark Wood or Stain	Fill scratches with shoe polish that matches the lightest shade of the finish, or rub with walnut or Brazil nut meat in the direction of the scratch. A crayon or a felt-tipped marker can also be used.
Cherry	Fill scratches with cordovan or reddish shoe polish that matches the wood, or apply darkened iodine with a cotton swab or thin artist's brush.
Light Wood or Stain	Fill scratches with a tan or natural shoe polish, or apply darkened iodine (diluted 50 percent with denatured alcohol).
Oil Finishes	Rub in the direction of the grain with fine (0) steel wool dipped in lightweight mineral, paraffin, or boiled linseed oils. Wipe dry with a clean cloth. Buff lightly.

Stain Removal

Today's high-performance finishes demand special and careful attention when it comes to stain removal. While there are countless remedies for stains, some may damage the furniture's finish. If you're at all unsure, you should call a professional refinisher.

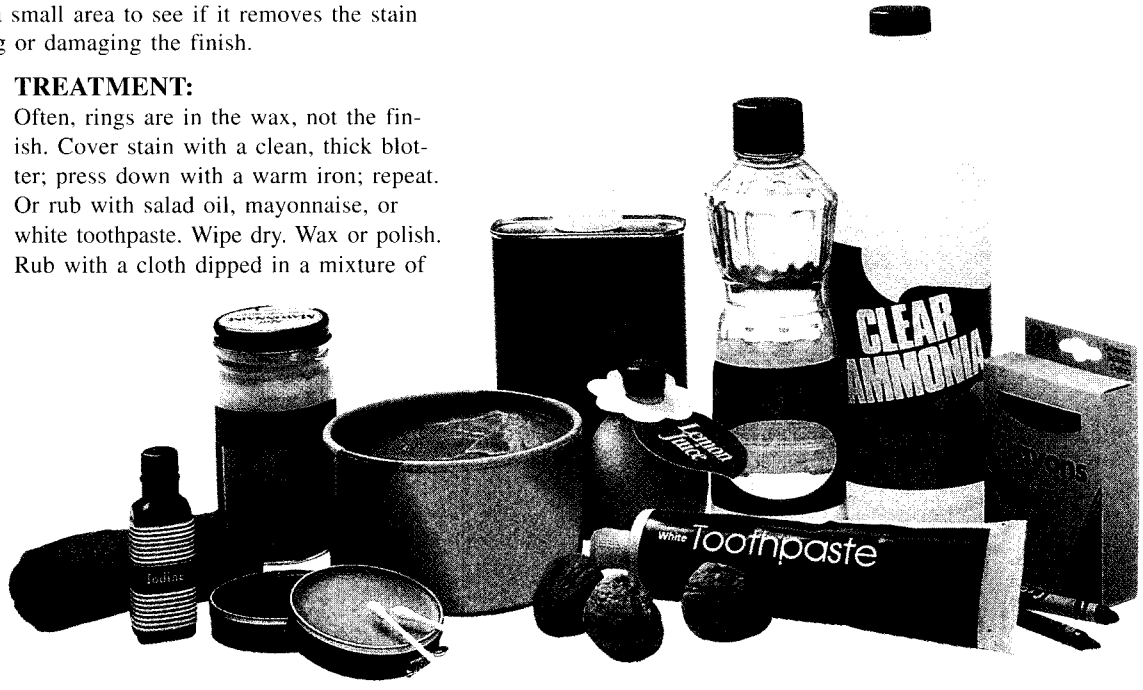
These common stains often can be treated with do-it-yourself furniture first aid. But bear in mind: always test your remedy on a small area to see if it removes the stain without disturbing or damaging the finish.

STAIN:	TREATMENT:
Water Marks and Rings	Often, rings are in the wax, not the finish. Cover stain with a clean, thick blotter; press down with a warm iron; repeat. Or rub with salad oil, mayonnaise, or white toothpaste. Wipe dry. Wax or polish.
White Marks	Rub with a cloth dipped in a mixture of ashes and lemon juice or salad oil. Or rub with a cloth dipped in lighter fluid, followed by a mixture of rotten stone and salad oil. Wipe dry. Polish or wax.
Milk or Alcohol	Use your fingers to rub liquid or paste wax into stain. Or rub in a paste of boiled linseed oil and rottenstone with the grain, substituting pumice for dull finishes. Or rub with ammonia on a dampened cloth. Wipe dry. Polish or wax.

Other Home Remedies

During everyday use, your hardwood furniture may be subjected to mishaps and spills that temporarily mar its finish.

PROBLEM:	TREATMENT:
Heat Marks	Rub gently along the grain, using dry steel wool soap pad or cloth dampened with camphorated oil or mineral spirits, or rub gently along grain with extra-fine (0000) steel wool. Wipe clean. Wax or polish.
Nail Polish	Blot the spill immediately, then rub with fine steel wool (0) dipped in wax. Wipe dry and wax or polish.
Paint Marks	If fresh, remove latex paint with water and oil-based paint with mineral spirits. If dry, soak spot in boiled linseed oil, wait until paint softens, and lift carefully with a putty knife or wipe with cloth dampened with boiled linseed oil. Residue can be removed by rubbing along the grain with a paste of boiled linseed oil and rottenstone. Wipe dry and wax or polish.
Sticking Paper	Dampen the paper thoroughly with salad oil, wait five minutes, and rub along the grain with extra-fine (0000) steel wool. Wipe dry and wax or polish.



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the wood. Use an old T-shirt, cloth diaper, or cheesecloth that's been laundered to remove the sizing.

Dust often to remove everyday abrasive particles from wood surfaces. Before dusting, moisten cloth lightly with a spray product. A dry cloth can leave hairline scratches on the finish.

Surfaces also can be cleaned with a mild nonalkaline soap and water. Use the suds on a damp sponge or cloth, but be sure to pretest the solution on an out-of-sight section to make sure it doesn't damage the finish. Dry immediately with a soft cloth and buff lightly, following the grain.

Wood finishes benefit from an occasional waxing or polishing. A paste wax can be applied every 6 to 12 months. Remove old wax first with a mild, nonalkaline soap-and-water solution.

Avoid waxing urethane-finished furniture. Waxing these surfaces causes them to gather dust and dirt rather than repel it.

Vacuum your upholstered furniture weekly to keep it looking great. Be sure to turn cushions regularly to avoid excessive wear on one side.

Keep Your Furniture Looking Great

Furniture is made to be used and enjoyed—and accidents happen, especially when there are small children at home. Take these steps to keep damage from everyday life to a minimum.

- Unless your furniture has a new 'super finish' to protect it, use coasters to prevent spills, stains. and damage from hot dishes. Blot all spills immediately. Keep solvents, alcohol, nail polish, and polish removers away from your furniture surfaces.
- When dusting, always lift lamps and other objects—don't slide them across the furniture's surface.
- Always lift furniture to move it—don't drag it.
- Open and close doors, drawers, and lids gently.

Getting Your Wood's Worth

Nothing else can compare to the natural warmth, beauty, and value of well-designed and well-built hardwood furniture. Follow these shopping pointers to ensure that your hardwood investments give you years of pleasure and use.

- A piece of furniture should be sturdiest in areas where it will receive the most stress or bear the most weight—such as the legs, drawers, doors, or shelf braces. To see if a piece is stable, gently push down on a top corner or press your weight against the side.
- Ask your salesperson how the furniture is made. Is it solid construction, hardwood veneer, or a wood substitute? Do the sides, tops, fronts, and backs feature mortise-and-tenon, tongue-and-groove, or double dowel joints? Look for dovetail or butterfly joints. Corners on heavier pieces should be reinforced with corner blocks that are screwed and glued in place. Always check to see that back panels are inset and attached with screws.
- Look for hangtags specifying the type of construction or the materials used in a particular item. Solid hardwood furniture, for example, often is clearly labeled with a special symbol and the words "Solid Hardwood from the USA." Sometimes wood names are used merely to describe the color of a finish or simulated wood grain, like "oak finish." Such furniture is not necessarily constructed of hardwood.
- Check drawer glides and stops. Drawer hardware should be sturdy and screwed from the inside. Operate all parts—drawers, table leaves, doors—to make sure they move easily and fit properly.
- Run your hand over the surface to check for smoothness. Especially avoid roughness in areas that may snag clothing, such as the leg of a table.
- Closely inspect the finish. Is the stain streaked or applied too thickly in the corners? Are there any cracks or bubbles?
- Inspect shelves, decorative trim, lights, and other accessories to be sure they have been installed carefully and securely.
- Test a chair or sofa by sitting on it. A piece that looks great may not always feel great.
- Turn chairs and upholstered pieces upside down to see how they are put together. Inspect tables from underneath. Are joints reinforced with screws and nails? Do slats and rungs fit snugly? Are joints free of excess glue and filler?
- Finally, if you're still in doubt about anything regarding the furniture's construction, materials, or finish, ask your salesperson.

For more information about wood products, call the Hardwood Manufacturer's Association at 1-800-373-WOOD.

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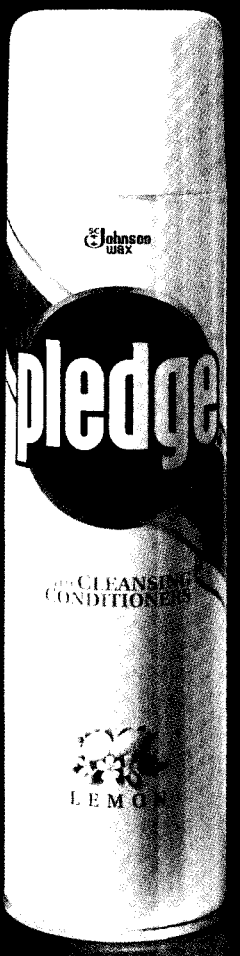

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RELIGION

THE FAMILY IS BIGGER THAN YOU THINK

"The plight of the family in our nation is frightening. If we do not change our ways, my fear is that the chaos and despair around us will give way to violence and revolution. . . ."

by Dr. William G. Enright

Editor's note: We excerpted Dr. Enright's article from a dynamic sermon he gave in January at Second Presbyterian Church in Indianapolis. His candor and his wife Edie's acceptance of having his personal family history revealed endeared them both to his parishioners.

Recently, the mayor of our city met with the clergy of our community. The purpose of that meeting was to talk with us about the family. As I listened to the mayor and his staff, something unexpected happened to me. I found myself blindsided by facts and statistics that sent me reeling on a journey inward. Today I've come to share some of that journey with you.

The mayor and his staff presented us with the following statistics:

• Today over half of all marriages end in divorce.

• Today 29.5 percent of all babies are born outside of marriage. Thirty years ago the rate of such births was 5.3 percent.

• In the last ten years, the teenage birth rate in our city has increased 40 percent, with 88 percent of these children born to unmarried women. The largest percentage increase in those births has occurred within the Caucasian community.

• In the last ten years, juvenile crime in Indianapolis has increased tenfold, with 75 percent of those crimes committed by children from households without a father.

• The median household income for never-married females with children is $8,000. The median household income for married couples with children is $41,000.

• Children from two-parent families are twice as likely to be graduated from high school as children from single-parent homes.

• More than half of all U.S. children will spend part of their childhood in a home without a father.

• These same children will be underachievers in school. They will suffer disproportionately from mental illness. They will lead our nation in delinquency and crime, drug abuse, and youth suicide. Sixty percent of rapists, 72 percent of adolescent murderers, 70 percent of long-term prison inmates grew up without fathers.

Conclusion: Study after study shows that family structure, not race or financial status, is the best predictor of a child's educational attainment, financial self-reliance, and propensity toward criminal activity.

Dr. Bill Enright, wife Edie, and grandson Andy. He told his congregation how the church and extended family spared him the pitfalls of a fatherless home.

Suddenly, I found myself squirming and looking into a mirror. I said to myself, "How did I get here—am I some kind of statistical freak?" You see, my parents were separated when I was 3, then divorced when I was 7. The last time I saw my dad was when I was 12.

Let me tell you part of my story. It was December 1947. My dad had come to town to meet me for lunch. We had a grand conversation, for my dad was a warm, winsome man who knew how to get along with people; but then, part of my dad's career was in politics. He wanted to know how I was doing in school and on the basketball court. Then came the question: "Billy, what would you like for Christmas?" "Well, Dad," I said, "a lot of my friends are getting wrist watches. Do you think you could get me a wrist watch for Christmas?" After lunch, we went to a jewelry store, where I picked out an Elgin watch. Christmas came and went, but there was no wrist watch, no card, no letter, no telephone call.

Never again did I see or hear from my dad. No birthday cards, no Christmas gifts, no support payments, no letters congratulating me on any of my accomplishments, no note of acknowledgment come graduation, no inquiry as to my college or vocational plans. My dad simply built himself another life elsewhere, and I became *persona non grata* in his life. Nine years later, in my junior year in college, my dad died.

Why did I share that chapter from my life with you? Because statistics don't tell all the truth. It takes biography to get behind life's statistics. Statistically, I should not be standing here

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in this pulpit. Statistically, I should never have gone to college, let alone three different graduate schools. Statistically, I should be bitter and bent from the baggage of my childhood. But I'm not a statistic; I'm a child of God. I belong to the family of God.

I wish you could have been with me last month when Edie and I went away for two days with my mother to celebrate her 90th birthday. One night, as we talked about my dad, I made this discovery: after all these years, in spite of all the hurt, my mom still loves my dad. And one day in heaven, I'm going to sit down with my dad, and we're going to get to know each other, and it's going to be one whale of a conversation.

In a sentence, what I've come to tell you today is what I discovered growing up in a single-parent family: the family is bigger than you think!

When I think of family, I think of my mother. I also think of my granny and "Old Unc" and Uncle Bob. Because of them, I never felt that I really missed out on family. They were my family! They took me in and loved me, cared for me, saw to it that I went to college. The family is bigger than you think!

When I think of family, I think of people like Mr. Deal and a host of others who taught me about God's family in the church and neighborhood where I grew up. Mr. Deal was my best friend's dad. The Deal family was in our church. Mr. Deal was my high-school algebra teacher. He also saw to it that from the time I was eight years old I never missed a high school football or basketball game. Where his son John went, I went; but never was I made to feel as if I were tagging along. In Mr. Deal, the church and the neighborhood as family were rolled together as one. The family is bigger than you think!

Paul, in his letter to the Ephesians, puts it this way: "I kneel in prayer to the Father, from whom every family in heaven and on earth takes its name."

How is it that this squirrely, wiggly, testy, troublesome, painful, disappointing entity we call a family can become bigger than we think?

Consider Paul's message. There are three clues as to what makes any family bigger than it thinks.

CLUE #1: The family becomes bigger than you think when you make God the head of your family. The key is establishing paternity. Our text makes one simple point: in a world flawed with fatherlessness, paternity begins with God. In our text, both the words "Father" and "family" come from the same root word as "paternity." Values, morals, ethics, character, and commitment to excellence are rooted in God and family. Maggie Scarf of Yale University, in a recent book on the family, says, "The family is the most basic environment in which we learn about what things we are entitled to and about whether people are reliable and trustworthy."

Don't miss this insight in our text: God's family spans the cosmos; it embraces the heavens and the earth. And do you begin to see? If God is our Father, then the family to which we belong is bigger than a two-parent family or a single-parent family or a blended family. The family, God's family, is bigger than you think.

CLUE #2: The family becomes bigger than you think when love grows the family. Listen to Paul's prayer: "May you be strong to grasp . . . what is the breadth and length and height and depth of the love of Christ, and to know it." What I hear Paul saying is this: love is like a rubber band. Love stretches us in every dimension. Love is both elastic and strong, demanding and flexible. Love bends but love does not break. Love does not throw in the towel prematurely.

My mother loved me, but my mother did not coddle me. I think I spent more Saturday mornings in "time-out" than any kid in my neighborhood. "Time-out" taught me that love does not lower its standards of behavior.

Last month I found myself at lunch sitting next to Indianapolis Public Schools Superintendent Esperanza Zendejas. I asked her this question: "Bottom line, what is the problem in our schools?" Without hesitation she said, "We have not demanded enough. We have not set our standards and expectations high enough." That from a woman who grew up the daughter of a migrant farm worker and then went on to earn her Ph.D. from Stanford.

John Rosemond, a much-respected authority on parenting, was asked if he could boil his philosophy of child rearing down to 20 words or less. He said, "I can get it down to four words: Put your marriage first." Someone asked, "But what about single parents?" He replied that if more people

continued on page 72

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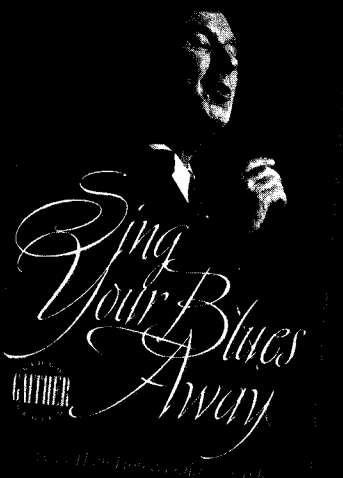
–Bill Gaither



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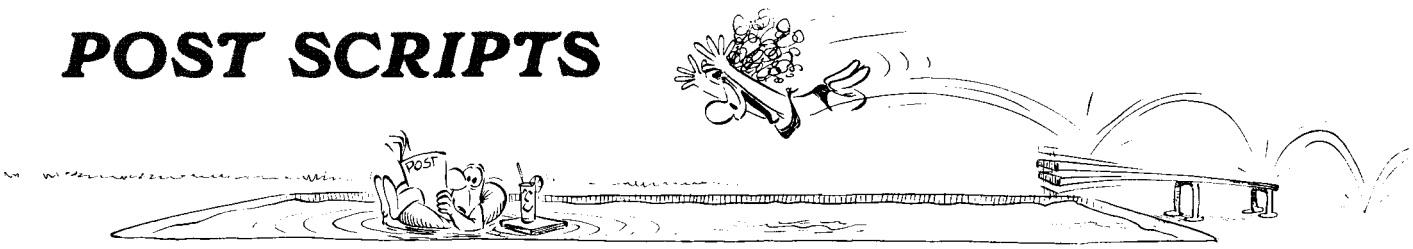


The King of Spring

When it's spring, color is king:
Lilacs have lavender "Hellos."
Red roses smile from the trellis.
Colors! How their beauty grows
As dandelions all sparkle,
Wearing their yellow tuxedos.

—Rhoda Pellor

All Charged Up

A divorce lawyer took his sick sports car to one of his clients and had him look under the hood.

"Well, what's wrong?" the lawyer asked the mechanic.

"You and your alternator have something in common," the mechanic replied.

"What's that?"

"You both overcharge."

—David F. Crosby

A "Fitting" Role

As a woman grows older
Her judgment gets better;
She cares how her shoes fit
Instead of her sweater!

—Jean B. Boyce

My Late Mate

My wife is consistently late
For any appointment or date.
When one day Saint Peter
Is ready to meet her,
He'll just have to wait at the gate.

—David Drake

Not Up to Par

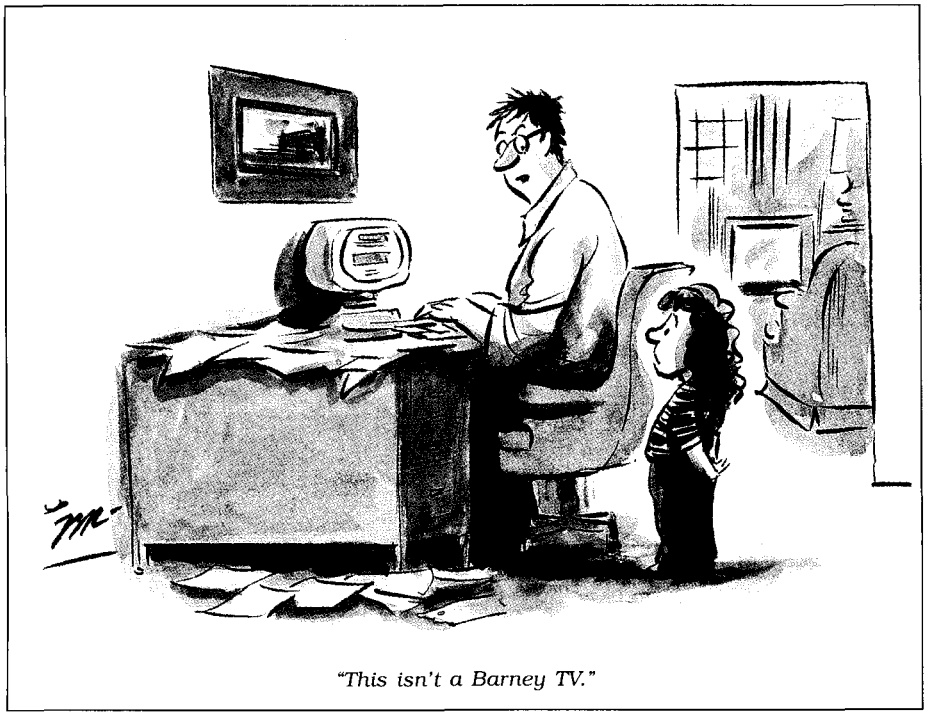
I've studied the masters to no avail;
My golf game is hopeless, beyond the pale.
The so-called experts I'll henceforth forswear;
It's back to the basics: a waggle and prayer!

—John C. Pine

The Trade of the Tools

Good tools are essential
For any sort of chore—
For the garden, for the car,
Around the house, and more.
The better the tools one has
The easier jobs become,
And that's why, without question,
It pays to borrow some.

—Arnold J. Zarett



"This isn't a Barney TV."

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A border of herbs planted sparsely,
A hare with a penchant for parsley:
It's no blooming mystery
Why my garden plot's history!

—M. H. Straker

Putting on Airs

Oh, the air this June
Is gentle and sweet,
For it floats around
Each flowering vine
And each bush and shrub
And tree-lined street:
By fair-scented airs
We are entwined.

—Valerie St. Claire

Pun-Filled Trip

A couple visited the Notre Dame Cathedral in Paris, then ate at a nearby restaurant. The food was so good that the couple is still telling their friends about "the lunch back at Notre Dame."

—Herm Albright

Quick-Change Artists

Our senior citizens' water exercise class was informed the women's locker and shower room were closed for repairs. Participants, male and female, were instructed to change into swimsuits in their respective restrooms and share the men's locker room to store street clothes. We were further informed the men's shower room should be shared and showers taken with swimsuits on.

An awkward moment of silence was broken when a male voice spoke: "Oh well, we'll just have to make the best of a good situation."

—James E. Fosbrink

The Way We Were

Software: A cashmere sweater
Hard Drive: New York to L.A.
Download: King-size comforter
Mouse Pad: A teeny, tiny apartment.

—Susan Taylor Block

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It's a Real Puzzle

In our brain, we have, they say,
Ten times the wisdom buried
That all mankind since time began
Has labeled and librariedd.

If this be true, then tell me why
I wear this mental muzzle,
And always blow some easy words
On every crossword puzzle?

—Jim Moore

Mull-Again Stew

Ingredients:
3 determined blockheads
1 befuddled secretary
4 oz. short temper
1 cup unclear directions
1 cup sifted truth
6 oz. miscommunication

Directions:

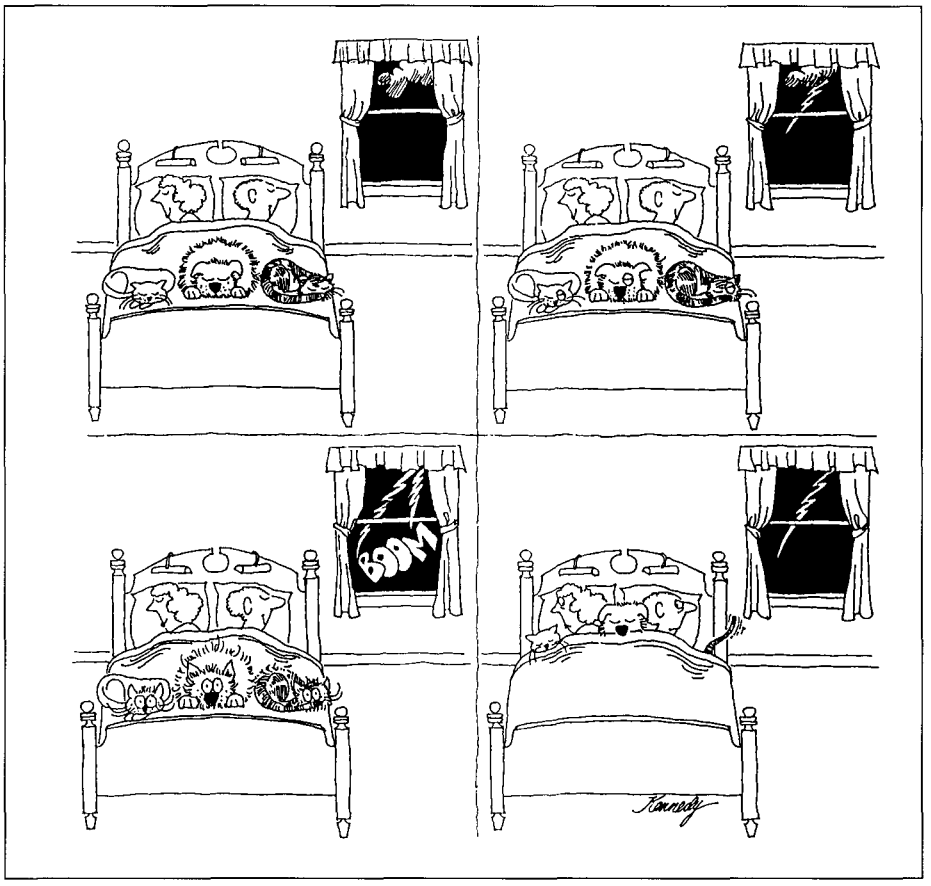
In a small room combine determined blockheads and befuddled secretary. Add short temper and stir thoroughly. Set aside.

In a separate room, combine unclear directions and sifted truth with miscommunication. Add to first three ingredients and whip into a frenzy until stiff upper lips form.

Pour into a preheated elevator and allow tempers to rise. Bake in a hot office eight hours, or until mixture comes to a complete boil.

Serves no one.

—Gail E. Eisenhart

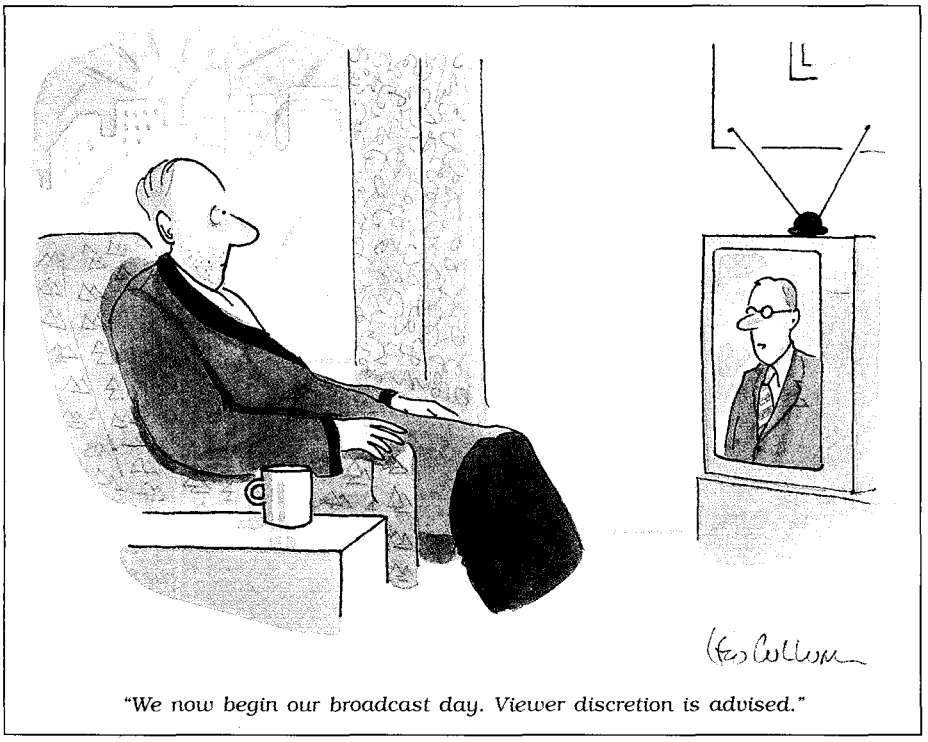


Almightily Argumentative

Our friends are a delightfully uninhibited group. Whenever we get together socially, a feisty discussion is almost sure to erupt. On one such occasion, our hostess voiced a seemingly obvious opinion. Not surprisingly, her spouse, ever one to have the last word, saw fit to contradict her. In the ensuing heated exchange, her mounting frustration became increasingly difficult to hide. "You'd argue with the Almighty," she exploded, triumphantly.

"Only if He was wrong," he purred.

—F. T. McAvoy



"We now begin our broadcast day. Viewer discretion is advised."

On The Plus Side

Don't knock taxes. Paying them gives us the right to complain.

—Gil Stern

You Had to Ask

A man stopped an attorney in the hallway of an office building and asked, "Excuse me, you're an attorney, aren't you? If I pay you $200, will you answer three questions for me?"

The attorney turned to the man and answered, "Yes, I am. Yes, I will. Now then, what is your third question?"

—David Bissonette

The Missing Ingredient

Now there's a bestseller book called *How to Succeed in Business*. It has no Chapter 11.

—Shelby Friedman

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"I love musicals probably the most of all. But I'd also love it if somebody asked me to do a dramatic role or a comedy, make an album, or write a book. It's all very stimulating, and that's the joy."

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JULIE ANDREWS: KICKING UP HER HEELS

After a 30-year hiatus, she's savoring her "big, new adventure" on Broadway.

by Earl L. Conn

Julie Andrews is explaining what's different about singing.

"Singing is such a mysterious, *wonderful* thing. It's nothing you can see. It's not like you can take a class with other people. Even the consummate dancers can look in a mirror and improve the line of what they do. Singing is really kind of opening up your insides and letting it out."

Of course, the word isn't "dancers" as Americans pronounce it. When Julie Andrews says the word, it still has that British sound of something like "dawncers."

Julie is responding to my question about a writer who said when Julie sings, "her sweet sad soul comes out and rummages around in yours."

"What does he mean by that? I suppose he means there's a melancholy in a lot of us, and maybe he identified with that in some way. I really don't know," she says, then adds, "I think when you get to my age, you've certainly been through all sorts of experiences, and I guess you translate. I get moved when I hear singers who do that, and I hope very much that I have [arrived] or will arrive at the same thing."

There's not much question about arriving.

Julie Andrews' career began—impossible as it is to believe—almost 50 years ago in 1947 when 12-year-old Julie Wells (she later adopted the name of her stepfather, Ted Andrews) appeared in her London stage debut at the Hippodrome in the *Starlight Roof* revue. Earlier, at eight, she already had developed a full larynx with a four-octave voice.

"For some reason, I had this freakish voice. I was sort of a child prodigy who had a really strong voice and a very large vocal range," Julie remembers.

By the time she was 19, she already had crossed the Atlantic and was on Broadway, starring in *The Boy Friend*. Two years later came *My Fair Lady* and her role as Eliza Doolittle with Rex Harrison, for which she won the New York Drama Critics Award as best actress in a musical. Immediately following was *Camelot*, with Julie as Guinevere opposite Richard Burton. Following these New York hits, Julie was summoned to Hollywood by Walt Disney for *Mary Poppins*. For this first screen role, Julie received the 1964 Oscar as best actress and the Golden Globe Award. An Oscar nomination and another Golden Globe Award for her role as Maria von Trapp in *The Sound of Music* came in 1965. Beyond the theater, the *Los Angeles Times* in 1965 named her Woman of the Year. By then she was 30 and already in the theater for 18 years.

Mary Poppins? Not exactly. For her demanding role in the comedy *Victor/Victoria*, Julie Andrews plays a down-on-her-luck woman portraying a man who impersonates women.

Was it talent or getting the breaks?

Much of her success she attributes to the breaks.

"But there's a lot of hard work. I've been singing forever in theater and film—the arts have been my whole life. I'm very grateful for the talent and, thank God, the work was there. There's an awful lot of talent, particularly here on Broadway—well, everywhere—and a great deal has to do with the breaks you get."

"Here on Broadway" is a reference to her current work, *Victor/Victoria*. In 1982, she collaborated with husband Blake Edwards in the film about a down-on-her-luck 1930s English soprano in Paris who becomes a sensation by impersonating a man who impersonates women. Now it's a musical on Broadway.

It's another in a series of collaborations between Julie and Blake Edwards, who married in 1969 shortly after work on the film *Darling Lili*, their first film together.

By this time, both already had been through a marriage and had children. He was 13 years her senior and commonly was known in Hollywood by the descriptive nickname "Blackie," because of his moods and contempt for Hollywood (despite his enormous success with the *Pink Panther* movies and such early films as *Breakfast at Tiffany's*).

Because you try harder and are more realistic with a second marriage, they made only one decision, Julie

continued on page 69

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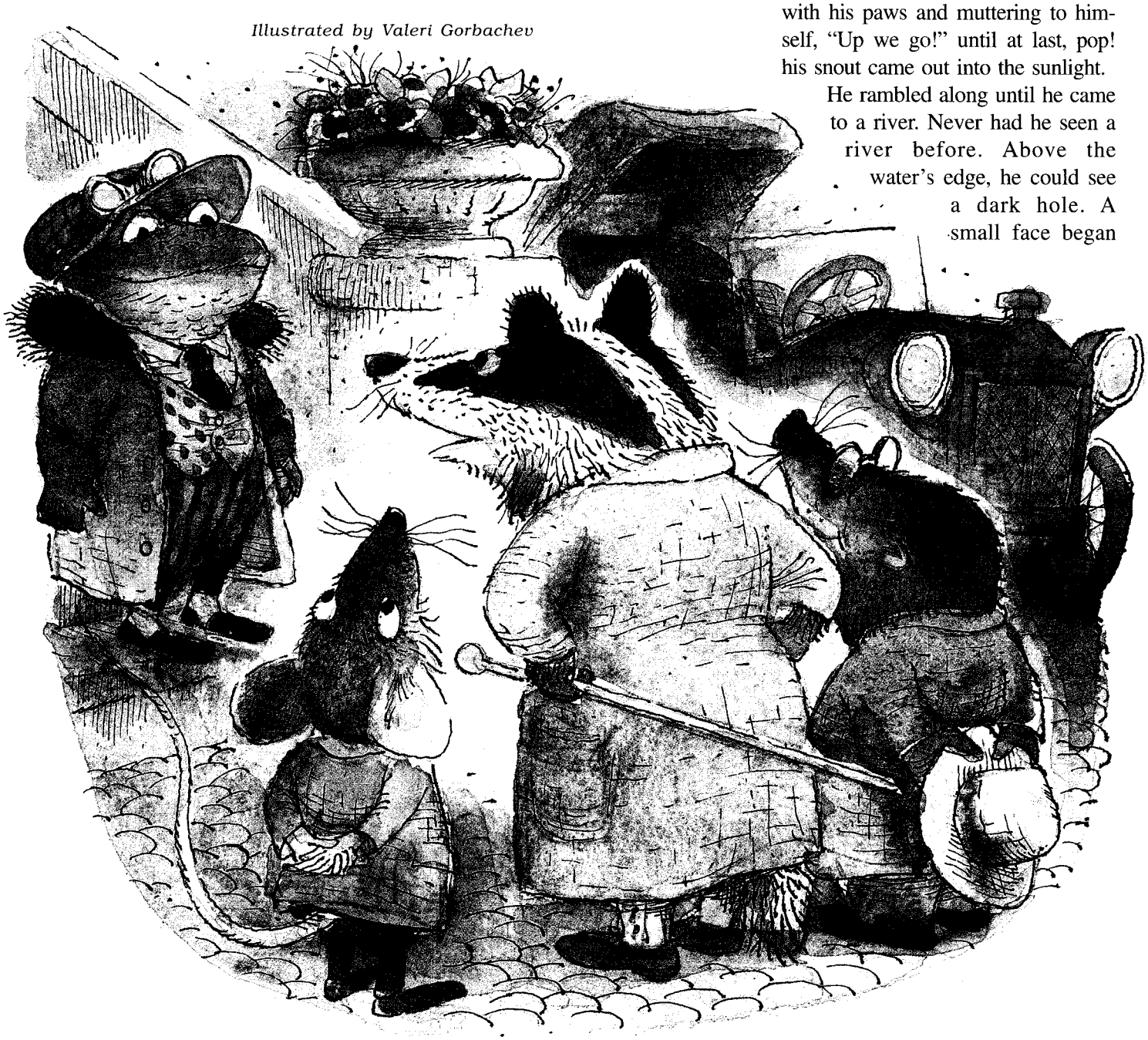
READ ALOUD FOR CHILDREN

The Wind in the Willows

by Kenneth Grahame

Condensed and adapted by Nancy S. Axelrad

Illustrated by Valeri Gorbachev



The Mole had been working hard spring-cleaning his little home. First with brooms, then with a brush and a pail of whitewash; until he had dust in his throat and eyes, and splashes of paint all over his black fur, and an aching back and weary arms.

"Hang spring-cleaning!" he said. He flung down his brush on the floor and bolted out of the house. He scraped and scratched, working busily with his paws and muttering to himself, "Up we go!" until at last, pop! his snout came out into the sunlight.

He rambled along until he came to a river. Never had he seen a river before. Above the water's edge, he could see a dark hole. A small face began

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to grow around it. A brown little face with whiskers, small ears and thick silky hair. It was the Water Rat!

"Would you like to come over?" inquired the Rat.

"Oh, it's all very well to *talk*," said the Mole, being new to river life and its ways.

The Rat stepped into a little boat, painted blue outside and white within, and rowed across to the Mole.

"I've never been in a boat," the Mole said.

"Well, suppose we go down the river together?" said the Rat as the Mole gingerly stepped down. He took the other seat and leaned back in the soft cushions. "So this is a River!" he said.

"*The* River," corrected the Rat, rowing steadily.

The Mole waved a paw toward the woodland. "What's over there?"

"The Wild Wood," said the Rat. "Badger lives in the heart of it. Dear old Badger! Nobody interferes with him. Weasels are all right, but you can't trust them really.

"I think you ought to come stay with me for a little while. My house is plain; not like Toad's. Still, I can make you comfortable. And I'll teach you to be as handy on the water as any of us."

The Mole was so touched by the offer that he brushed away a tear with his paw. The Rat kindly looked in another direction.

When they got home, he told the Mole river stories until suppertime. Very thrilling stories they were, too, to an earth-dwelling animal like Mole.

He wanted to make the acquaintance of the other animals. The Badger seemed to be such an important personage. But whenever the Mole mentioned him to the Water Rat, the answer was always the same: "Badger will turn up some day or other."

And so, the Badger did.

"Toad's hour has come!" he said with great solemnity.

The Rat glanced uneasily at the clock on the mantelpiece.

"You know his fads, how they get Toad into trouble," the Badger continued. "I've just learned that a new and very powerful car is about to arrive at Toad Hall. At this very moment, Toad may be putting on those

hideous driving clothes of his. We must stop him, before it's too late."

"Right you are!" cried the Rat.

"We'll teach him to be a sensible animal!" said the Mole.

Off they went, Badger leading the way to Toad Hall. There, as expected, a large shiny automobile, painted red, stood in front of the house. The door flung open, and Mr. Toad—in goggles, cap, gaiters, and an enormous overcoat—came swaggering down the steps.

"You're just in time to come with me for—a—er—" His invitation remained unfinished as the Badger strode up the steps. The others hustled Toad inside.

"Take those ridiculous things off!" said the Badger, when they all stood together in the hall.

"I won't!" replied Toad.

They had to lay him on the floor to get to work properly. The Rat sat on him, and the Mole got Toad's driving clothes off bit by bit.

"You knew it must come to this sooner or later, Toad," the Badger said. "You're giving the animals a bad name by your wild driving."

He took Toad by the arm, led him into another room and closed the door for some three-quarters of an hour. Afterward, a very limp and dejected Toad reappeared.

"Toad is truly sorry for his misguided conduct," the Badger said.

"I am not," said Toad.

"What? Didn't you just say—"

"Oh, yes, in there. But I'm not really sorry. In fact, I promise that the very first car I see, *poop-poop!* off I go in it!"

"Very well, then," said the Badger, "take him upstairs, you two, and lock him in his bedroom."

"It's for your own good, Toady," said the Rat, as Toad, kicking and struggling, was hauled upstairs by his friends.

Each animal took turns sleeping in Toad's room at night, and divided the day up between them.

How the Toad played upon the Rat's sympathies. "Dear, kind Rat," murmured Toad, "I hate being a burden to my friends."

"You are, indeed," said the Rat. "But I'd do anything on earth for you, if only you'd be sensible."

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"If I thought that, Ratty," Toad said more feebly than ever, "I would beg you—for the last time—to fetch the doctor, and while you're about it, would you ask the lawyer to come, too?"

"A lawyer! He must be really sick," the alarmed Rat said to himself and hurried from the room, not forgetting to lock the door behind him.

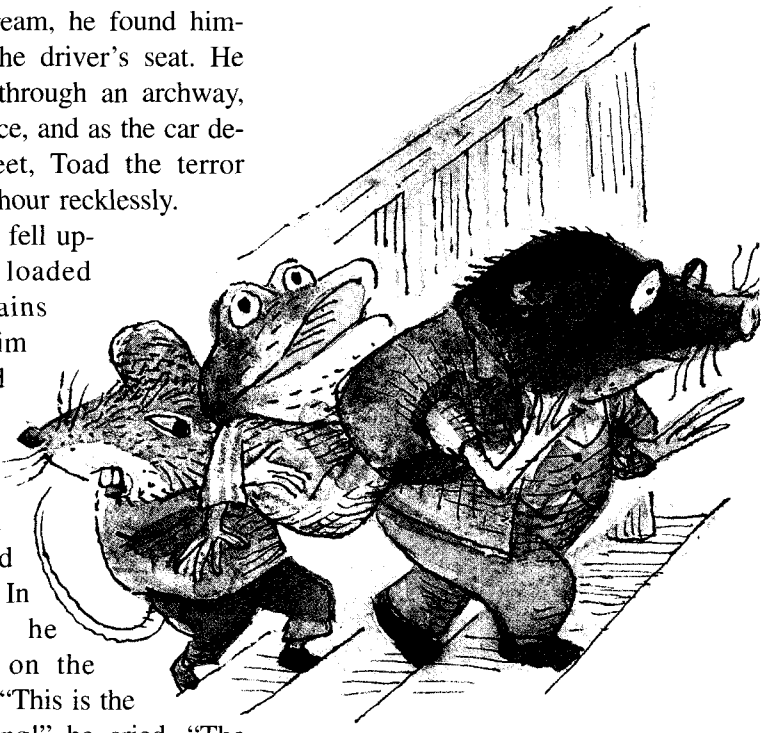
Toad watched from the window as the Rat disappeared down the driveway. Then, laughing heartily, Toad dressed in one of his best suits, took some cash, and, knotting the bedsheets together into a makeshift rope, scrambled out, taking the opposite direction.

On he strode until he heard a familiar *poop-poop* sound approaching down the street. It made him tremble all over. The car came to a stop at an inn. Presently the travelers went inside, talking loudly and gaily about their fine chariot.

I wonder if it starts easily, Toad thought.

As if in a dream, he found himself seated in the driver's seat. He swung the car through an archway, increased his pace, and as the car devoured the street, Toad the terror flew, living his hour recklessly.

Thus, the law fell upon him and loaded Toad with chains and dragged him shrieking and protesting from the courthouse to a grim castle whose ancient towers soared high overhead. In the dungeon he flung himself on the floor and wept. "This is the end of everything!" he cried. "The end of Toad!"



The jailer's daughter who helped with some of her father's duties thought that a poor little animal should hardly be locked up in prison for what seemed to her a trivial offense.

"Toad," she said, "My aunt does the washing for the prisoners. Now you are rich, and she is poor. I believe you could come to some arrangement by which she would give you her dress and bonnet so you could escape."

Toad balked and grumbled at the lowly disguise but soon confessed his pride. Next evening the matter was done. As he heard the great castle gate click behind him, he knew that he was free!

After miles of country lanes, he reached the high road and saw a speck that soon grew into a grand automobile.

"Ah! They will give me a lift," said the excited Toad.

But as the car drew near, he became pale, and his knees shook, for it was the very car he had stolen!

It stopped just short of him, and two gentlemen got out and walked around the trembling heap in the road. One of them said, "A washerwoman has fainted! Quick! Let's take her to the nearest village."

Toad's disguise had gone undiscovered, and his courage revived! He tried to beat down the old cravings that rose up inside of him.

But why struggle? he thought and asked to drive the car.

"Bravo, ma'am! I like your spirit!" said the gentlemen.

Toad eagerly scrambled into the driver's seat and set the car in motion. Faster and faster he went, shouting, "I am Toad, the car snatcher, who always escapes!"

At once, the men flung themselves on him. With a half-turn of the wheel, Toad sent the car crashing through a low hedge into a pond. He soared through the air and landed on his back in the soft grass of a meadow.

Sitting up, he could see the men floundering helplessly in the pond.

He picked himself up and ran, keeping his head turned back, until

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the earth fell away and he found himself in deep water! He had run straight into the river!

Carried along by its force, he came to a hole in the riverbank and caught the edge. A face grew up around it. It was the Water Rat!

He hoisted Toad into the hole.

"Oh, Ratty!" Toad cried. "Such trials, such sufferings!"

"Toad," said the Water Rat, "you go take off that rag and put on my clothes and come down looking like a gentleman, if you can."

Toad caught sight of himself in the mirror and hurried to the Rat's dressing room.

When he returned, the Rat said gravely, "I gather that you haven't heard about the Weasels. They've taken Toad Hall."

Tears welled up in Toad's eyes as the Rat told how the Mole and the Badger moved into the house to keep it aired and ready, but were beaten back.

"You really don't deserve such loyal friends, Toad," said the Rat. "Someday when it's too late, you'll be sorry you didn't value them more."

As Toad sobbed, a heavy knock came at the door. In walked Badger looking very weary, then Mole with bits of hay sticking in his fur.

"This is a poor homecoming, Toad," said the Badger.

"What's the situation?" asked the Rat.

"Guards everywhere," replied the Mole.

"It's useless to attack from the outside," the Badger said. "But there is an underground tunnel which leads right up under Toad Hall."

"Nonsense!" said Toad airily.

"Your father told me things he never would have told you," the Badger said. " 'Don't tell my son about the tunnel,' is what he said, 'unless it is of use to him.' "

Toad brightened. "Well, perhaps I am a bit of a talker. Tell me more about this passage."

The Badger explained that a banquet was to be held in honor of the Chief Weasel's birthday. The guests would have no weapons. "The tunnel leads up to the dining hall," the Badger said.

"We'll creep in—" cried the Mole.

"With our sticks—" shouted the Rat.

"And whack 'em!" cried the Toad.

When it began to grow dark, and all was ready, Badger led the way along the river to a hole in the riverbank. Through the secret passage, the animals groped along until they found themselves standing under a trapdoor. Shouting and cheering and stamping on the floor filled the room above.

Then a voice could be heard. "I should like to say one word about our kind host. We all know Toad! Good Toad! Honest Toad!"

"Let me get at him!" muttered Toad.

Badger gave the signal, and the four comrades flung open the trapdoor.

What squealing and squeaking and screeching, as the heroes strode into the banquet hall. The mighty Badger; Mole brandishing his stick; Rat, his belt bulging with weapons; Toad, leaping into the air and shouting Toad-whoops.

The battle did not last long, as shrieks were heard of terrified weasels escaping across the lawn.

From then on, the friends lived in great contentment. On long summer evenings they strolled together in the Wild Wood. The mother weasels would point them out to their children. "Look! There goes the great Mr. Toad! And that's the gallant Water Rat! And here comes the famous Mr. Mole!" When the infants misbehaved, their mothers would say the terrible Badger would get them. This was not true about Badger, who was fond of children; but it never failed to have its full effect. ▲

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IF I WERE PRESIDENT

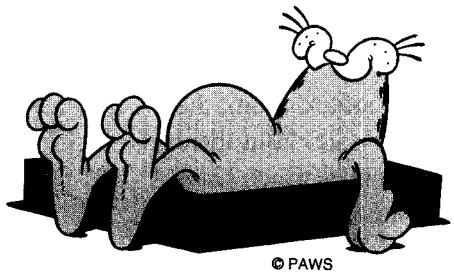
Everyone's favorite fat cat would usher in a kinder, gentler, and lazier America.

by Garfield

If I were president, the first thing I'd do is take a nap. After a long campaign, I'd be exhausted. (Actually, after a walk from the couch to the refrigerator I'd be exhausted.) Next, I'd have the White House kitchen fix me a truly "presidential" snack: a 50-pound pepperoni pizza shaped like a map of the United States.

Properly rested and fed, I'd get right down to business. My first 100 days in office would see sweeping changes in government. (Then I could spend the rest of my term dealing with the really important issues: sleeping and eating.)

If I were president, here's what I'd do. . .



Taxes:
Less tax, more snacks. 'Nuff said.

Healthcare:
I'm for universal healthcare for pets! However, I would abolish all shots, needles, flea dips, and other forms of medical torture. (Needless to say, no cat will be "fixed" under *my* administration.)

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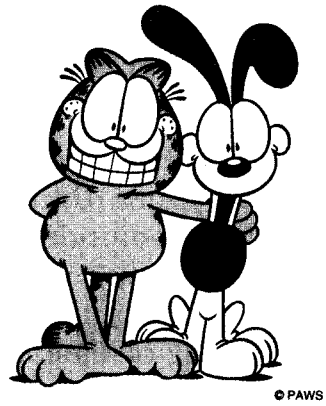
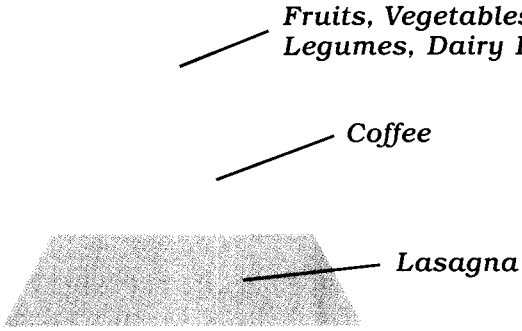


The Environment:
Plant a tree. Plant two; then make a hammock!

Education:
I will be the education president. But I'll make school fun. Pop quizzes will be eliminated. Lunch will be the most important subject. And I promise that, under my administration, all cafeterias will be equipped with dessert bars!

The Deficit:
Does anybody really understand this thing? Does anybody really care?

Nutrition:
When it comes to food, I say, "Feed My Lips!" Here's *my* food pyramid:



Foreign Policy:
I propose we do away with all weapons of war, and unilaterally agree to settle disputes with food fights.

And here are a few more ways I'd make life better if I were president:

- Abolish Mondays!
- Put a sweat tax on gyms and health clubs.
- Give federal subsidies for napping.
- Pour millions into the fight against dog breath.
- Establish the President's Council on Snacking!

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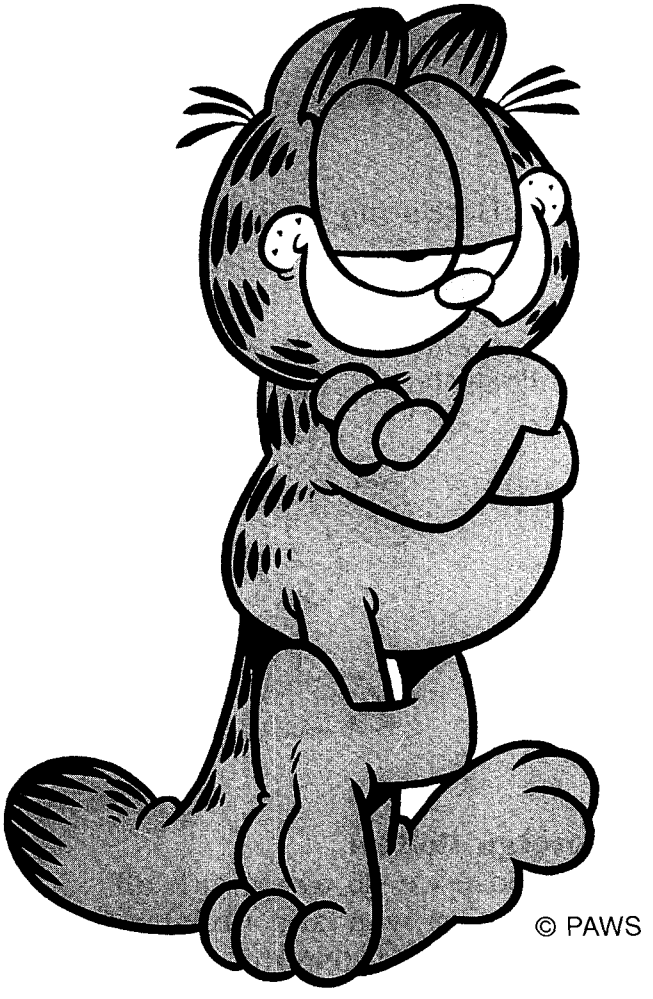
Rest assured, I would serve only one term. Four years is all I'd need to change America forever. Besides, running the country is work. And if there's one thing I avoid like the vet, it's work.

Which reminds me—as president, there is one thing that I, Garfield, would never, EVER do: jog.

Well, I'm outta here. Remember my motto: "Life, Liberty, and the Pursuit of Pasta!"



Top Ten Reasons Why Garfield Would Make a Good President:

10. Can't talk on phone, so no embarrassing calls to Super Bowl winners;
9. No problem napping during boring Cabinet briefings;
8. Would appoint Speedy Gonzalez Postmaster General;
7. Congressmen's cats would give him the dirt on their owners;
6. Wouldn't waste Secret Service men by dragging them around some jogging trail;
5. Lincoln Memorial would become "Abe's Memorial Munch 'N' Go";
4. Would beef up border patrols to halt illegal flow of dogs;
3. Would end federal funding of diet clinics;
2. Deranged despots often allergic to cat hair;
1. Let's face it—we've done worse!

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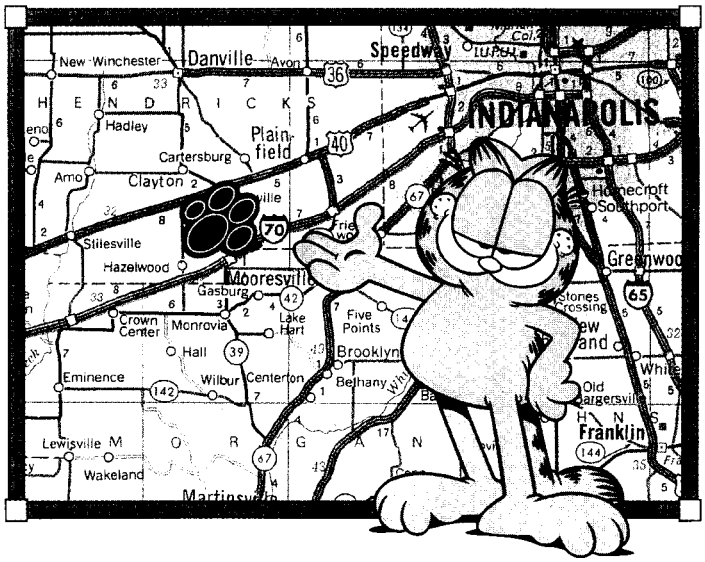
GARFIELD'S PERSONAL PLAYGROUND

Garfield's love of lasagna and knack for naps are well-known. But now, the voracious fat cat is sinking his teeth into something new—a theme park featuring The Garfield Zone!

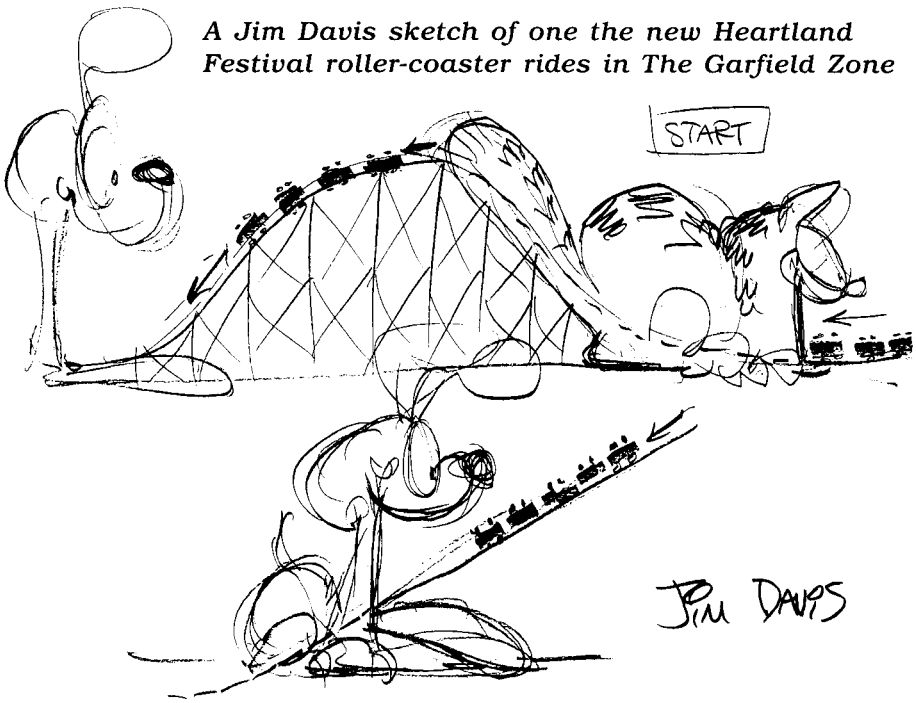
America's favorite cartoon character and his canine pal Odie plan to open their new playground near Indianapolis, not far from the Muncie, Indiana, headquarters of Garfield creator Jim Davis.



The theme park will include one-of-a-kind amusements, based on the cool cat in The Garfield Zone. Imagine shooting down a roller coaster in a hot-dog-shaped car right into the wide-open mouth of a Garfield. Or riding up Garfield's tail or down Odie's tongue (Yuck! Dog breath!). Kids can even plop down on an easy chair and tour some of Garfield's favorite places—kitchen appliances—like a well-stocked refrigerator or the oven (to check on the lasagna).

Tentatively called "Heartland Festival," the $120 million development is scheduled to open its doors in May 1998. Besides unique rides, Garfield's playground will also feature a resort hotel, entertainment center, sports complex, and 18-hole golf course.

Of course, the Hoosier fat cat isn't shy about gobbling up praise for the idea. But the real man behind the upcoming venture is none other than Garfield's creator, Jim Davis, and his company, appropriately called Paws, Inc. Davis, however, knows that his creative companion always claws for applause—and this theme park will be no different. Notes Davis: "It's a project almost as big as Garfield's ego."



A Jim Davis sketch of one the new Heartland Festival roller-coaster rides in The Garfield Zone

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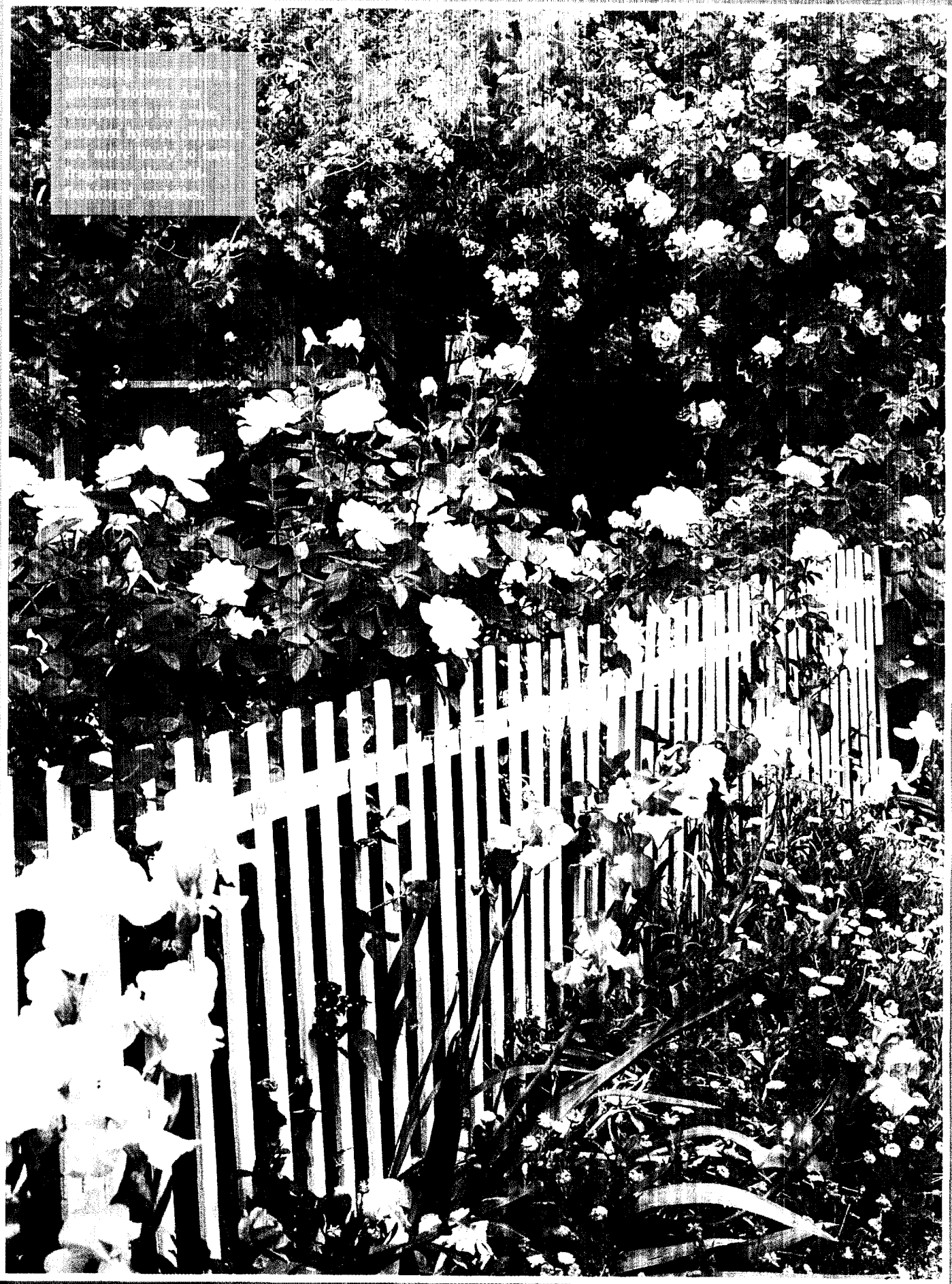

Climbing roses adorn a garden fence. An excellent variety is the modern hybrid climber, not more likely to have fragrance than old-fashioned varieties.

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GARDENING

DEEP BREATHING IN THE GARDEN

Enhance the beauty of your garden with fragrant flowers and plants, and enjoy the enticing aromas of lilacs, lavender, and scented geranium.

A whiff of pine, the peppery scent of Russian sage, the spicy cool essence of roses—beyond sight and sound, the most soothing aspect of any garden is its fragrant mix of aromas. Can sniffing a rose actually make you feel good?

Today's aroma therapists say yes, although their claims stop short of the medieval belief that flower scents cured illness. A prescription for epilepsy in the Middle Ages was to sit under a linden tree and breathe in the pungent emanation of the white linden flowers. In the 1600s, squirting scent into the air was considered protective against plague and other presumably airborne diseases.

It now seems more likely that odors affect the brain in the same way that soothing music does—promoting relaxation, a sense of well-being, and a propensity for feeling good. Scents and aromas play a definite role in the psychology of wellness.

Scents that pique some noses, however, may point others away. Such is the case with boxwood, whose strong odor may be "music" to a Southerner's nose but simply "smelly" to unhabituated northern nostrils.

Do gardens smell as good as they once did? The answer is no. Hybridization in the quest for brighter and bigger blooms has sapped many flowers of their scents: the price of this "improvement" has been made at the expense of fragrance. That's why old-fashioned plants such as heliotrope, daphne, sweet peas, violets, and common lilac are sought after by fragrance-loving gardeners. When building your scented garden, be sure to ask for the old-fashioned varieties.

A Scents-ible Selection

Build your aroma garden around a selection of plants that provide fragrance from spring through fall. You can start them indoors in late winter or seed them directly outdoors (depending on your planting zone) as early as the soil in your area permits. Of course, soak the hard seed overnight before planting: they will germinate more quickly.

For early spring plant daphne, hyacinths, narcissus, and snowflakes. Lilacs and viburnum offer sweet smells in May, followed later by delightful mock orange. Underplant with violets and sweet woodruff. June brings the fragrant-rich flowers of peonies, carnations, daylilies, Jupiter's-beard, valerian, sweet alyssum, mignonette, heliotrope, and the rich bounty and beauty of roses. Many provide fragrance through both summer and fall.

> *"It now seems more likely that odors affect the brain in the same way that soothing music does—promoting relaxation, a sense of well-being, and a propensity for feeling good."*

Plant List for Fragrant Gardens

Annuals: Sweet Alyssum, Scented Geranium, Common Heliotrope, Lavender Cotton, Common Mignonette, Rosemary, Common Stock, Night-Scented Stock, Sweet Pea.

Bulbs: Hyacinth, Regal Lily, Poet's Narcissus, Spring Snowflake.

Perennials and Ground Covers: Artemisia, Border Carnation, Chrysanthemum, Daylily, Hyssop, Jupiter's-Beard (Red Valerian), Lavender, Peony, Thyme, Valerian, Sweet Violet, Sweet Woodruff.

Shrubs and Vines: Autumn Clematis, February Daphne, Common Lilac, Mock Orange, Rose, Viburnum Snowball, Summer-Sweet.

Fragrant Container Flowers: Jasmine, Mock Orange, Madagascar Jasmine (the Hawaiian wedding flower), Sweet Olive, Honey Bells.

Planting Tips

Early care given to new plantings will mean less work in the garden later on. When planting herbs and roses, provide good drainage. A layer of gravel beneath the topsoil may be needed to allow water to drain off.

Add plenty of lime when planting clematis and fertilizer with sweet peas. Take care to provide sturdy trellises for climbing species.

Mulch flower beds at the time of planting in early spring. Another layer of mulch added in May will keep down weeds that begin cropping up in late spring. Ground-cover plantings, such as thyme, woodruff, and violets, not only smell wonderful but, once established, will help block out weed growth.

To lengthen the period of bloom for your favorite aeromatics, plant a combination of early-, middle-, and late-blooming varieties. Your local nursery or your mail-order company will have information about blooming times.

A scented garden can be small or large. To expand your garden, you might combine herbs and flowers in a border. However, try to keep separate flowers with strong scents that may bloom at the same time such as stock and heliotrope. Night-scented flowers such as dame's rockets, nicotiana, and tuberoses can be added to enlarge a garden. More roses and honeysuckle vines are also welcome additions.

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We have unwisely blown a sizable portion of our retirement "kitty" on various cans of flea and tick "killers."

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FLEAS ARE NO CIRCUS

Cats stop dislodging fleas only long enough to shed—white hair on black velvet being ideal.

by Maynard Good Stoddard

Illustrated by Don Trawin

I don't claim to be an authority on cat behavior. I claim only that when a cat spends half its time scratching and biting and tying itself into a knot doing so, the cat must be trying to tell us something.

My reason for such speculation I credit to the two cats we are currently supporting. "Cracker," left by our daughter Shari when she moved to a "no pets allowed" townhouse in South Carolina, is a sexually impaired male; "White Cat," a sojourner who dropped in on us at least ten years ago, had evidently been spayed. (Not that these intimacies are relevant. Except to the cats, of course.)

What *is* relevant to this somber essay has been described by Noah Webster as "any of various small, wingless, bloodsucking insects of the order of Siphonaptera that have legs adapted for jumping and are parasitic on warm-blooded animals." It is these bloodsucking siphonapteras and their parasitics that are causing our otherwise congenial cats suddenly to seek sanctuary on the kitchen table or the record player, where they scratch, bite, gnaw, and indicate by so doing that the only good flea is a dead flea. What bugs me most (if you'll excuse the expression), they then glare at us as if to say, "So what are you going to do about it?"

When the cats aren't busily engaged in dislodging a flea, they are busily engaged in shedding. If you'll excuse the digression, our cats don't go in for your common everyday indiscriminate releasing of cat hair. Oh, no. *Their* hair must make a difference. White on white, of course, would be a complete waste of cat hair. White Cat will go for days without turning loose a single hair, waiting for me to toss my blue flannel jacket carelessly over the arm of the sofa, or for a visitor to sit down foolishly wearing a black wool dress. It's at these opportune times that White Cat goes for complete baldness. And purrs loudest.

Now don't get the idea that we are allowing fleas to run rampant in our modest digs (if you'll excuse the pun). But killing fleas, as you may already have discovered, is not a piece of cake. In fact, it isn't even *close* to a piece of cake. Especially if the cats misconstrue your efforts as an attempt to do away with them and not the fleas. As our cats do.

We have unwisely blown a sizable portion of our retirement kitty (I'm sorry) on various cans of flea and tick "killers." Directions call for us to "apply directly to animals along back, under forelegs, and other areas except for private parts (to put it more delicately than the directions put it). Part hair to contact skin and insure good cover . . . apply until hair is thoroughly moist."

Our cats allow us to part their hair, no problem there. But that's it. One spray from the can and they are halfway to the next county. They aren't going to be knocked off with that stuff; no way.

After running them down and reestablishing congeniality, our next strategy is to turn our backs, spray some of that stuff on our hands, and rub our hands over their backs. We never do get to their forelegs. One whiff and they disappear for the next two days.

With the cats away, the fleas have no alternative but to chum up with the nice people who furnished the cats in the first place. Having taken advantage of the cats' absence to spray the floors, the sofa, the chair seats, the bookcases, and the ceilings, we now find these little demons crawling on us. And there's nothing worse than a flea with wet feet climbing up your bare leg.

Attempting to rub the rascals to death is another futile effort. After rubbing until your skin is raw, you raise your thumb to view the remains, only to find (I'm guessing at this) that the flea is now 40 feet away laughing its fool head off.

Why don't you buy flea collars? I can hear you thinking. And why don't I buy Aunt Nellie a ten-speed wheelchair? It would make as much sense. Besides, flea collars would chafe our necks.

Oh, we have tried collars on the cats. For years we inaugurated each flea season by installing these devices. How the fleas loved them. They would come from all corners of the cats to get their aerobic exercises by frolicking on these new attractions.

Where we made our mistake was in fastening the collars around the cats' necks. To kill a flea with a flea collar, you must first position the flea upon a hard, smooth surface (no small trick in itself), then bring the collar down smartly across the surface of the flea.

Though seldom fatal—and the flea won't hang around for a second try—this course of action at least offers the hint that he might not be welcome. Should the course also break a few ribs or rupture his spleen, so much the better, as the little critter's jumping range would be restricted to something less than 40 feet. Until he heals, that is.

So . . . what's the final solution? There isn't one. But that doesn't stop us from blowing the last dime of the cat budget at Wal-Mart for a three-can set of "Foggers."

Although the guarantee on these cans doesn't come right out and claim that the fog will kill fleas, cockroaches, chiggers, horseflies, Japanese beetles, tsetse flies, and so on, at least you are given the impression that it will make these not-wanteds pretty darn sick—headaches, nausea, diarrhea, that sort of thing.

Directions are simple: Remove the cats from the house, remove the spouse, place the foggers in areas where flea traffic is heaviest (Friday afternoon is best), push down on the button, and remove yourself.

Three hours later, open the doors, turn on the fans, vacuum the flea sufferers off the carpets, and let the cats reenter the house. The fleas still residing on the cats will joyously jump off and beget a whole new colony.

As Jonathan Swift so properly put it:

So, naturalists observe, a flea
Hath smaller fleas that on him prey;
And these have smaller fleas that bite 'em;
And so proceed ad infinitum.

And as I, though perhaps not so properly, observe: The only thing that can be said for fleas is, instead of making us dread the advent of cold weather, fleas at least make us grateful for its return . . . because they have all gone to Miami for the winter.

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Michael not only was the youngest person on record to enter college at six, but was also the youngest person to graduate (with honors) at age ten.

LETTING MICHAEL BE MICHAEL...

A 12-year-old with 4 Guinness Records

With a 300-plus IQ, Michael Kearney began reading at 8 months, entered high school at 5, and at 12 is working on a master's degree. Will this wunderkind apply his unique talents to science or the arts? Or will he fulfill his ambition to become a game-show host?

by Tom Tozer

"Your child will be developmentally slow," doctors told Cassidy Kearney when she was in her fifth month of pregnancy. Cassidy was suffering from toxemia and anorexia. Because her blood pressure was skyrocketing off the charts, there was even the possibility that she might lose her baby.

Retarded! she screamed inwardly. She blamed herself; she refused to eat. When doctors pumped sugar water into her through an IV to help her gain weight, she countered by exercising excessively. Kevin, her husband, was on an aircraft carrier in the Indian Ocean for six months, so the young mother-to-be did not have the benefit of his reliable advice on what to do.

Finally, doctors induced labor. Thirty-seven hours later, Michael Kevin Kearney was born, almost two months premature, weighing in at 4 pounds, 2 ounces and measuring 13 inches.

A decade later, Cassidy and Kevin Kearney must have thought more than once about those first few precarious hours of Michael's life as they sat answering reporters' questions about Michael's most recent accomplishment. Today, January 8, 1996, the 11-year-old was starting his first graduate school classes—his fourth title entry into the *Guinness Book of World Records*. Michael Kearney was defying the odds.

At age four, Michael maxed out on the IQ test for six-year-olds at 168-plus. The Stanford-Binet L-M version measures a mental age that can then be adjusted for a child's chronological age to obtain a true IQ. When the math was worked out, Michael's IQ registered at 325—an IQ of 145 is considered genius.

Kevin and Cassidy Kearney agree that the last 12 years have been both a blessing and nightmare. Do you laugh or cry when you discover your child is "severely gifted"? And what a strange phrase—almost an oxymoron. Why not "wonderfully gifted" or "exceedingly gifted"?

"From the start, it appeared to Cassidy and me that when Michael was not allowed to learn new things, he was actually in pain," Kevin said.

During a checkup at two weeks of age, Michael, wearing Cabbage Patch doll clothes, held his head up and turned himself over. The doctors expressed disbelief. In addition, Michael didn't sleep as much as other babies, and he wouldn't take naps.

When he was just two months old, Michael was communicating with hand signals. At four months, he was saying "Daddy" and "Mama" and "eat." A month later, he was using four-word sentences and became an avid video-game watcher. At six months, when Cassidy took Michael to the Navy pediatrician and inquired about the baby's problem, little Michael chimed in, "I have a left ear infection."

"We were more relieved than pleased at his behavior, because I was still concerned down deep that Michael would be mentally deficient," Cassidy stated, "and that it was all my fault."

At eight months, Michael became a TV game-show "fanatic." Every day at 10:00 a.m., says his mother, he would yell, "Channel five—come on down!" During the contests Michael would jump up and down with delight when contestants won a refrigerator or car.

At ten months, Michael knew all his numbers and letters, and could read numerous product names that he picked up from watching TV commercials. In the supermarket, he would point and say "Campbell's." He especially liked spotting sale items: "Hey, Mom, look—pears 49 cents a pound.

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Why don't we get some?"

If the Kearneys had finally conquered any misgivings about their son's mental health, the couple had no idea what battles lay ahead with a medical profession that was too obsessed with categorizing and labeling to admit that Michael defied categories and labels; with an educational establishment that was unyielding in its enslavement to form and procedure rather than to learning; and with people who refused to be enlightened through education and understanding. Even family members accused Kevin and Cassidy of pushing Michael for their own ego gratification.

Puzzled shoppers thought Kevin and Cassidy were ventriloquists. A baby in a shopping cart couldn't possibly articulate the names on the cereal boxes! "How did you do that?" they would ask. To get her shopping done, Cassidy finally had to ask Michael to stop talking in front of strangers.

On another occasion, when Michael was about 18 months old, he told a group in a Jacuzzi that two would have to get out because the sign said only six were allowed in it at one time. Again, the parents found themselves in the dilemma of apologizing for their very honest, very communicative child.

The Kearneys—(from left) Michael, mother Cassidy, father Kevin, and daughter Maeghan—tour Middle Tennessee State University with Dean of Graduate Studies Donald L. Curry. Kevin is currently taking 16 semester hours and could graduate as early as December 1996.

From the start, it appeared that when Michael was not allowed to learn new things, he was actually in pain.

This is the quandary the Kearneys still face. Should they let their gifted son just be Michael, or should they suppress his advanced abilities so that he will fit in socially?

The Kearneys define the typical characteristics of a "severely" gifted child as moral courage, reflective judgment, responsibility, and a genuine sense of ethical behavior.

"We anguished over letting Michael be himself or teaching him to hide his early talents from view," Kevin said. "Do you hide your light under a basket, or do you let people understand or refuse to understand?"

The Kearneys found that using books was an effective way of disciplining Michael. He would do anything to get his hands on a book. When he misbehaved, the most effective punishment was to take them away. Good behavior resulted in more books.

The severely gifted, because of their extreme sensitivity, often leap to startling conclusions and act on them. So when Michael's sister, Maeghan, was born in July of 1985, it was important that Michael know he wasn't being replaced.

The Kearneys were living in San Diego at the time and enjoyed the family support of Kevin's parents. However, the Navy reassigned Kevin to Newport, Rhode Island. They would have to move away from their invaluable support system. Their anxiety only increased when it became evident that Maeghan, too, was displaying advanced behavior.

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Even bright kids will be kids! Michael and his sister, Maeghan, who is also intellectually gifted, take a breather from scholarly pursuits to engage in a friendly snowball fight.

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SHOCK HIM!

One second the patient was standing, breathing, living; the next, no heartbeat, no respirations, lifeless on the floor.

by Lawrence Martin, M.D.

Illustration by Don Trawin

John Capowski, 51, came to the hospital for an altogether different problem than what brought me to his bedside. He showed up in our emergency room weak and lethargic, with a three-day history of nausea, vomiting, and diarrhea. He came because he couldn't keep anything down, and also because it was the middle of the night and Mrs. Capowski was afraid. She insisted he see a doctor and drove him to our ER. They arrived about 1:00 a.m.

To the ER physician on duty, Mr. Capowski did not seem acutely ill. Vital signs were normal, although his blood pressure was slightly on the low side. But vital signs like blood pressure and heart rate are not the whole picture. Despite his size—a muscular 5'11", 210 pounds—he appeared wan and listless, sick enough to warrant further investigation. Vomiting and diarrhea can deplete the body of electrolytes, and the only way to know for sure is to measure the blood levels. (And who would want to tell Mrs. Capowski to take him home? She hovered over him with an air of insistence: "Do something," she kept saying.)

Sure enough, Mr. Capowski had low blood sodium and potassium, meaning he had lost a significant amount of electrolytes. He needed hospitalization, a recommendation as much to his chagrin as to his wife's relief. Other tests in the ER, including chest x-ray and EKG, were normal, so he was admitted with the diagnosis "probable viral syndrome, dehydration, hyponatremia [low sodium], hypokalemia [low potassium]." The plan on admission was "fluid replacement and monitoring of electrolytes." The ER doctor started an intravenous solution of sodium and potassium and sent him to the ward.

Mr. Capowski reached the ward about 5:00 a.m.

From then until 8:00 a.m. things went well. Mr. Capowski slept a little, made one call to the nurse for an extra pillow, and otherwise created no stir. Shortly after 8:00 a.m., he got up to go to the bathroom and, halfway there, slumped to the floor. A nurse in the hallway heard a crashing sound (probably the IV pole hitting the floor along with the patient) and went in to check. She found Mr. Capowski on the floor, unresponsive, face down. She tried to arouse him. Nothing. She instinctively

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felt for his carotid pulse. Nothing.

One second he was standing, breathing, living; the next second, no heartbeat, no respirations, a lifeless hunk on the floor.

• • •

People die suddenly and nontraumatically all the time—several hundred thousand a year in this country alone. Death usually comes from cardiac arrest; the heart suddenly stops beating, followed immediately by cessation of breathing. Sometimes a rescue squad arrives in time to revive the victim, but far more often there is nothing to revive when help does come; the heart is irreversibly gone, and Mr. Jones or Ms. Smith is "dead on arrival" to the closest hospital. Sudden death from cardiac arrest happens to people at work, on the golf course, in airplanes, at shopping centers, at home. It can happen while exercising, sitting, or sleeping. Usually the victims are older and have some history of heart disease, but many are younger (less than 50) and have no known heart problem.

Basic cardiopulmonary resuscitation (CPR) has been a staple of Red Cross teaching for decades. It is taught in schools, churches, businesses, literally any place people will gather for a two-hour session. The lessons are simple. Come upon a victim? Establish unresponsiveness by shaking him (or her). Without this crucial first step, you may give CPR to someone merely napping. Unresponsive? Immediately call 911 or tell someone to do so. Then open the victim's mouth and give two slow mouth-to-mouth breaths. Next, feel for the carotid pulse in the neck region, just behind the angle of the jaw. No pulse? Pump on the lower breast plate (sternum) 15 times with the heels of your hands. Then give two more breaths, followed by 15 more pumps. Repeat the sequence (two breaths, 15 pumps) until there is a pulse and breathing, or you become exhausted, or help arrives.

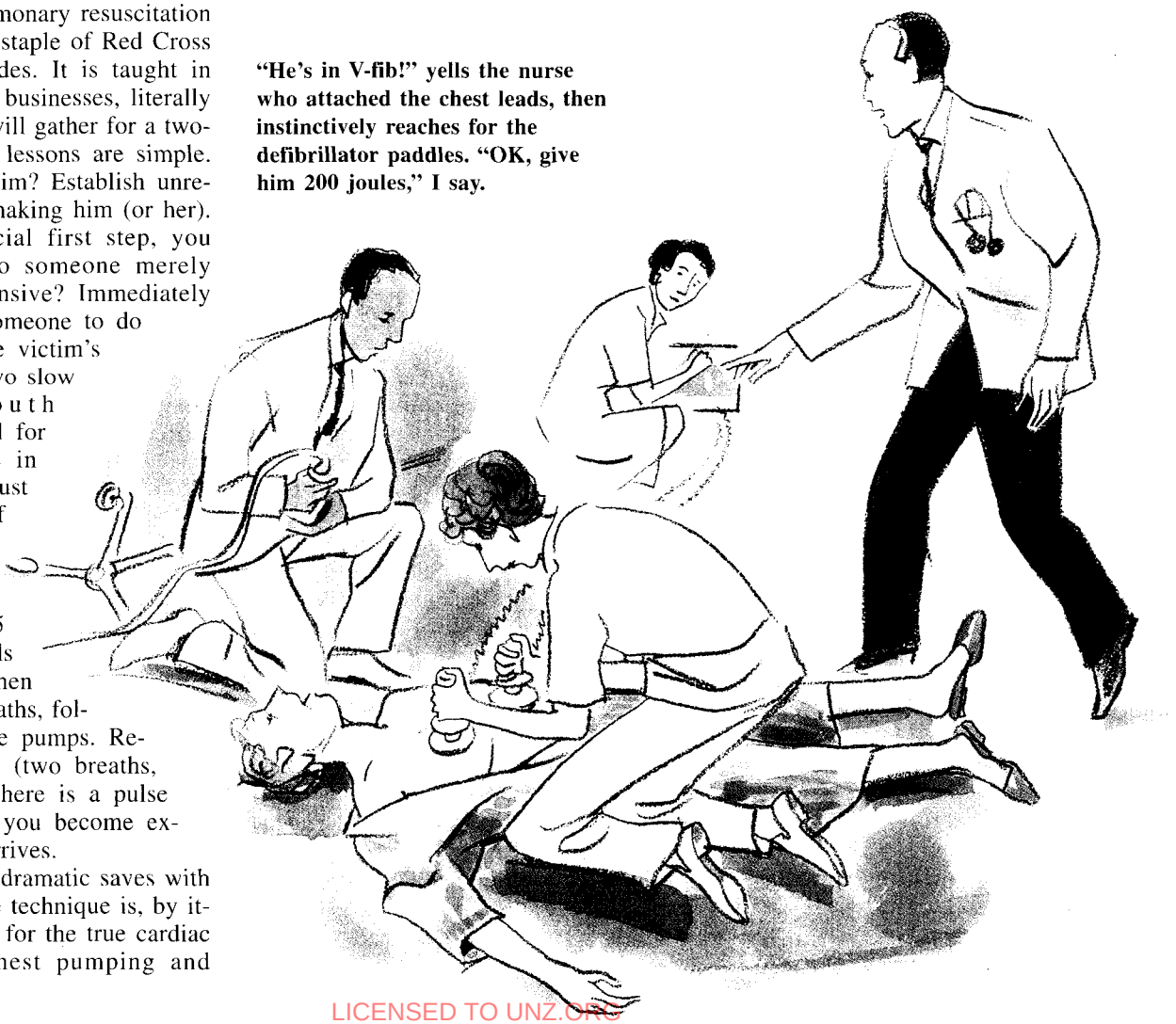
There are some dramatic saves with basic CPR, but the technique is, by itself, not sufficient for the true cardiac arrest victim. Chest pumping and mouth breathing provide a fraction of normal heart and lung function and can only be sustained for minutes. So CPR's main value is in buying time until people can come with advanced life-support equipment. But if the rescue squad doesn't arrive quickly, the situation is hopeless. Or worse. The heart rhythm may return too late, leaving the victim alive but severely brain damaged, a human vegetable relegated to institutional care.

No doubt in some cases, the heart may be ready to quit, and a resuscitation attempt is futile. The organ may be so diseased that any measure, short of instant heart transplant, is bound to fail. But for most sudden death victims, there is probably much life left in the ticker *if only it could be restarted before the brain is damaged.*

A dead car battery means a dead car, but if the battery only needs to be jump-started, the car might be able to go another 100,000 miles. Without energizing the battery, no amount of gas or engine repair will give life to the car. Of course car batteries can be dead a long time before coming to life again; in cardiac arrest the victim has, on the outside, only four to six minutes. After that, brain damage from lack of oxygen is irreversible (with rare exceptions, such as after near-drowning in cold water).

Most cases of cardiac arrest occur because the heart's nervous system suddenly runs amuck. The cardiac rhythm changes from regular to a *chaotic, purposeless wiggling* called *ventricular fibrillation.* In anyone not ready to die, not expected to die, ventricular fibrillation is the most feared diagnosis imaginable. From the onset of VF, the victim becomes instantly unconscious; in only a few minutes, the heart in VF will stop all activity and be forever motionless. A totally motionless heart is described as *asystole*, literally absence of systole or contraction of the heart. The fibrillating heart can be resuscitated; the heart that fibrillates and then goes into asystole cannot (with rare exception).

Why does a heart suddenly go into VF? Heart attack is probably the most common reason, a sudden lack of blood supply to a critical part of the



"He's in V-fib!" yells the nurse who attached the chest leads, then instinctively reaches for the defibrillator paddles. "OK, give him 200 joules," I say.

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heart tissue. People who die of "heart attack" usually have VF first, then die.

But lack of blood supply can also manifest as a nonfatal *arrhythmia* or abnormal beating of the heart. Not surprisingly, many cardiac arrest victims have a history of arrhythmia in the preceding months or years. Fortunately, the converse is not true; most cardiac arrhythmias, which are exceedingly common, do not presage VF.

A too-fast heartbeat is called *tachycardia*. It can be regular or irregular. The variations in tachycardia and its opposite, bradycardia (slow heartbeat), are numerous. However, as long as there is a "thump," some blood will be pushed out of the ventricles to the rest of the body. Treatment of arrhythmias depends on the nature of the thumps (diagnosed by the EKG and physical exam) and how the patient feels. Treatment is usually required if the patient experiences discomfort ("palpitations") or the abnormal thumps pump too little blood to the body. In any case, doctors have one basic rule: treat the patient, not just the arrhythmia. Sometimes cardiac arrhythmias are best left alone.

VF is never best left alone, unless death is expected. There is no "thump" in the VF heart, no pulse, because the heart wiggles without purpose. If reversal doesn't come within minutes, the patient always dies.

The only way to recognize VF is with an EKG machine or other type of cardiac rhythm monitor. These machines that connect to the patient through wires sense the heart's electrical activity and provide a continuous tracing of the cardiac rhythm. Given such a device, doctors usually have no difficulty diagnosing VF. In fact, the biggest obstacle to recognition is probably *artifact*—electrical noise that can be generated by the environment or by wires improperly attached to the patient. It can sometimes look like VF. When the victim is without pulse or respirations, the rescuer focuses on checking for VF and making sure the wires are properly attached.

The only therapy for VF is *defibrillation*, literally a jolt of direct current electricity delivered through the chest. This jolt doesn't actually restart the heart like a car battery; instead it stuns the heart momentarily, stops the VF, and allows the heart's normal nerve firing to resume. Defibrillation requires a machine, a defibrillator, that attaches wires to the victim and delivers the shock. The defibrillator also contains a cardiac monitor to display the rhythm. But where do you find a defibrillator on the golf course? In the shopping mall or ballpark? In the home?

If the defibrillator were like a fire extinguisher, available in all public places and most homes, probably thousands of people could be resuscitated from certain death every year. But defibrillators are not like fire extinguishers. They are expensive and intimidating to use. Virtually anyone can recognize a fire and use an extinguisher. Hardly anyone without special training can recognize VF and use a defibrillator.

If the defibrillator were like a fire extinguisher, available in all public places and most homes, probably thousands of people could be resuscitated from certain death every year.

What if defibrillation were part of basic CPR? In fact it is becoming so, albeit slowly. Several defibrillators are manufactured for use by people trained only in basic CPR (people just like you, reading this story). The devices, called automated external defibrillators (AEDs), differ from defibrillators used in hospitals (called manual defibrillators) in one important aspect: AEDs analyze the rhythm for you.

With a manual defibrillator, the rescuer must do everything: attach wires to the patient, turn on the machine, analyze the rhythm and, during VF, apply paddles to the patient's chest, dial the amount of electric shock, and push buttons to deliver it. The process doesn't take a long time, but the real skill is in analyzing the rhythm. If the rhythm isn't VF, a defibrillator shock *can cause* fatal arrhythmia.

With an AED the process is greatly simplified because the machine analyzes the rhythm, and does it very well. The best AED analysis programs are so sophisticated that they can separate most artifact from VF and do as well as physicians in diagnosing the fatal rhythm. The rescuer still has to identify the victim, establish unresponsiveness and pulselessness (basic CPR), find the machine, turn it on, and attach two large adhesive pads to the chest. (These pads stick to the skin and replace the hand-held paddles that come with manual defibrillators.)

Fully automated AEDs will analyze the rhythm and automatically shock the patient. *Semiautomated* AEDs will analyze the rhythm, announce the finding of VF through audio or a screen display, and advise the rescuer to press a button to deliver the shock. In either case the rescuer doesn't have to hold paddles to the chest; AED defibrillation is a hands-off procedure. The shock can be repeated as long as the machine reads the rhythm as VF.

The fact that there are several AED models doesn't detract from their ease of use. AED training is now incorporated into many basic CPR courses, but clearly not enough. Most people don't know about AEDs; most CPR courses don't teach their use, and most public places don't have them available.

Why? Perhaps society is too accepting of sudden, nontraumatic death. We should think of it as treatable, and by almost anyone. After all, what do you have to lose? Without defibrillation, most victims of cardiac arrest stay that way.

• • •

Nancy, the nurse who found Mr. Capowski, ran into the hallway and yelled, "Call a chest team!" Chest team is our code for cardiac arrest. Different hospitals use different codes, such as "Dr. Heart," "Code Blue," and "Code 911!"

The ward secretary punched a special three-digit number into her phone and the hospital operator instantly answered, "Where?"

"Tower nine."

Elapsed time since Mr. Capowski's fall: 30 seconds. Nancy grabbed the red crash cart standing in the hallway as the loudspeaker boomed:

"Chest team tower nine. Chest team tower nine. Chest team tower nine. Chest team tower nine."

I heard it. Everyone did, because chest team is broadcast hospitalwide as a signal for specific people to come: the anesthesiologist to intubate the patient, the senior medical resident

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to help manage the arrest, the respiratory therapist to set up the ventilator, and all doctors in the immediate vicinity. This time I am in the vicinity, three rooms away seeing another patient. I go into the hallway and immediately see all the tumult.

As I enter Mr. Capowski's room, there are already two nurses and two medical residents initiating resuscitation maneuvers. Mr. Capowski has been turned over and is now supine on the hard linoleum floor. Elapsed time from fall: 45 seconds. Nancy is pumping on Mr. Capowski's chest while one of the residents is pushing air into his mouth and nose with a bag-mask-valve contraption called an AMBU bag. (These devices, safer and more effective than mouth-to-mouth breathing, are universally used by professional rescuers.) Another nurse is hooking up monitor leads from the defibrillator sitting on the floor beside the victim. The other resident is feeling for a pulse.

"What happened?" I ask. A dumb question, because everyone is in the midst of resuscitation.

"I just came on," says Nancy, while pumping. "This is a Mr. Capowski. He was admitted a few hours ago with dehydration. I was told he was stable. He just collapsed."

"Do we have any history?"

The night intern who admitted him to the ward is apparently not here. Probably signed off and taking a shower. Another resident, who entered right after me, begins reading through the medical chart out loud. "He came in just this morning. Let's see, no history of heart disease. On no heart or other meds. In fact, pretty much no medical history. He works in a factory. Smokes a pack a day, for 30 years. Drinks alcohol socially. His sodium's low, 129; K [potassium] is only 3.3. They gave him some K [potassium IV] in the ER. His EKG was read as unremarkable down there."

"Let me see it," I answer. His EKG looks normal. I begin to grasp the picture. Mr. Capowski wasn't expected to die. This is not terminal cancer or end-stage heart disease.

"He's in V fib!" yells the nurse who attached the chest leads. She instinctively reaches for the defibrillator paddles to apply to his chest.

Time from fall: one minute 40 seconds. We are on a roll. Most in-hospital chest teams take several minutes for someone to bring the defibrillator to the bedside, attach the leads, and read the monitor rhythm. Time is life and, so far, this is good time.

Meanwhile Nancy is still pumping, and the resident is still AMBU bagging. More people enter the room—too many, in fact. Nancy, sensing impending chaos, quickly turns her head to me and without hesitation intones, "Dr. Martin, you're in charge."

Usually in charge is the senior person trained in advanced cardiac life support (ACLS incorporates defibrillation and use of cardiac medications). "Trained," of course, means simply having taken the American Heart Association's two-day ACLS course and knowing what to do. Any of the medical residents could be in charge, since I am no more knowledgeable in ACLS than they are, but to quibble at this point is self-defeating. Nancy is going by the book and wants to establish a leader; my thoughts on this matter take about three seconds.

I notice the paddles are now applied to his chest.

"You know your heart stopped; it could happen again. You *have* to quit smoking."

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"OK, give him 200 joules," I say. Joules are the energy units for electric countershock. In VF we start with 200 joules, and if that doesn't work, we go to 300 joules. If that doesn't work, it's 360 joules.

"Stand back! Hands off!" yells the nurse holding the paddles.

Rescuers have to keep hands off the patient and all equipment touching the patient, or they can be shocked by the defibrillation energy. So CPR always stops when the shock is delivered—at that moment there is no pumping on the chest, no bagging. Hands touch the shocking paddles only: one held against the upper right chest beneath the clavicle and the other pressed under the left nipple, over the heart. Buttons on both paddle handles are pressed simultaneously, and the jolt of electricity is delivered to and through the victim's heart.

The buttons are pressed, the jolt delivered. Zap! Mr. Capowski's body jerks. All eyes turn to the defibrillator monitor. Nothing seems to have changed. The monitor shows he's still in VF. Time elapsed: two minutes 20 seconds.

The anesthesiologist walks in, along with the respiratory therapist. There are now ten to twelve people in the room. Only five or six are needed, tops; the anesthesiologist is one of them. Observing that the shock has done nothing, she asks if we want her to intubate the patient. Placing an endotracheal tube in his throat would certainly allow for better ventilation and oxygenation than using a face mask.

Intubate now or shock again? The decision is easy. There is a universal algorithm for treating VF, taught as part of ACLS. The thinking about VF goes like this. Only electrical defibrillation will correct the problem; nothing else seems to work. Two hundred joules frequently does the job, but sometimes only a higher dose will work when the lower dose fails. Also, repeat shocks seem to work better even when the dose is kept the same. Any delay in providing shocks can be fatal. Therefore, don't waste time trying to intubate (even in the best of hands it could take a minute) in lieu of giving initial shocks. *First thing to do is give three successive shocks: 200-300-360 joules.* Do this before any drugs are given, before an attempt at intubation, even before placing an intravenous line.

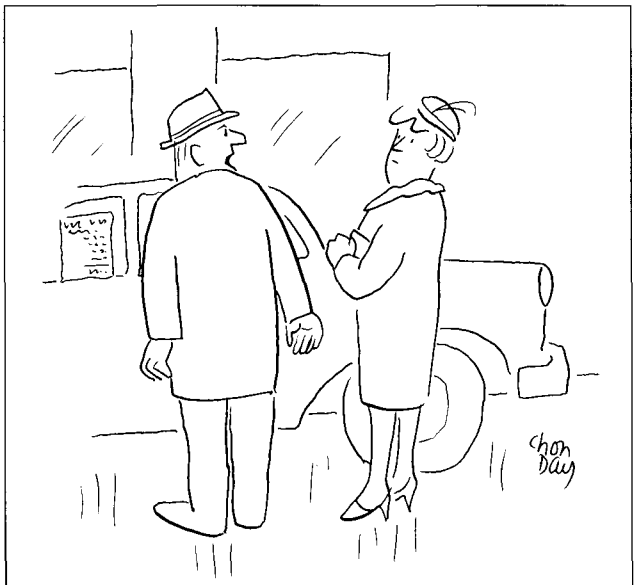
"No, he needs another shock," I respond. "Go to 300 joules." The defibrillator knob is turned a notch to 300.

"Everyone off." The paddles are applied against his chest.

Zap! His body jerks again.

"Let's check the rhythm." Still VF. Three minutes ten seconds have elapsed. Nancy bends down to resume chest pumping, but I tell her to hold off.

"Give him 360." This is the maximum. If he doesn't respond, then we'll resume CPR, go to intubation, IV epinephrine, and another shock at 360. Then more epinephrine and another 360 joules. On and on. The longer he goes without responding, the less likely he'll respond.



"Sure it smells nice. At $24,995 you wouldn't expect it to smell bad!"

Zap!

One, two, three seconds. The VF rhythm disappears and we have . . . a flat line! Asystole! But before I can yell for something else to try, the flat line is interrupted by regular blips.

"We have a rhythm!"

Again, all eyes are on the monitor. In the space of ten seconds the chaotic wiggling of VF has changed to asystole and then to a regular heartbeat. Not a normal rhythm to be sure, but one that gives a pulse. We can feel it in his groin. He is still unconscious, but he has a pulse and a blood pressure. Now I let the anesthesiologist intubate him.

• • •

An hour later he is in the intensive care unit, under my care. And he is waking up! Mrs. Capowski is at his bedside.

We have much work to do on our new patient, but she needs to be with him now. Who knows what the next 24 hours will bring? His heart could stop again and he could die next time. We are all a bit uneasy. I have asked a cardiologist to see him right away and help us determine where to go next; I assume he will need cardiac catheterization as soon as possible. Considering he was unconscious for less than four minutes and his heart was manually compressed during some of that period, Mr. Capowski has an excellent chance of being mentally fine.

I am smug, for this was truly a miraculous save. A combination of luck and nursing skill. In fact it is one of the very few times I have been witness to a successful in-hospital cardiac arrest outside the intensive care unit or emergency department. In-hospital resuscitation is usually dismal for several reasons. First, people who develop VF on a hospital ward are typically elderly, debilitated, or with a terminal disease.

Successful chest teams in the setting of advanced disease are rarely happy events, even when the patient survives. Hospitals routinely resuscitate chronically ill, debilitated patients, but save very few; most die later, during the same hospital stay. Survivors who leave the hospital are usually relegated to long-term nursing home care, often connected to a breathing machine.

Another reason for dismal outcome has to do with patient location. In the ICU, patients are monitored continuously, whereas on the regular medical ward only every few hours or so. Thus a patient can go into cardiac arrest *without anyone knowing*. It is not at all unusual for a nurse or orderly to come upon a patient pulseless and cold.

A third reason is response time. Even when the arrest is promptly identified, it may take several minutes to get the crash cart and attach the defibrillator wires. In nonpatient care areas, such as

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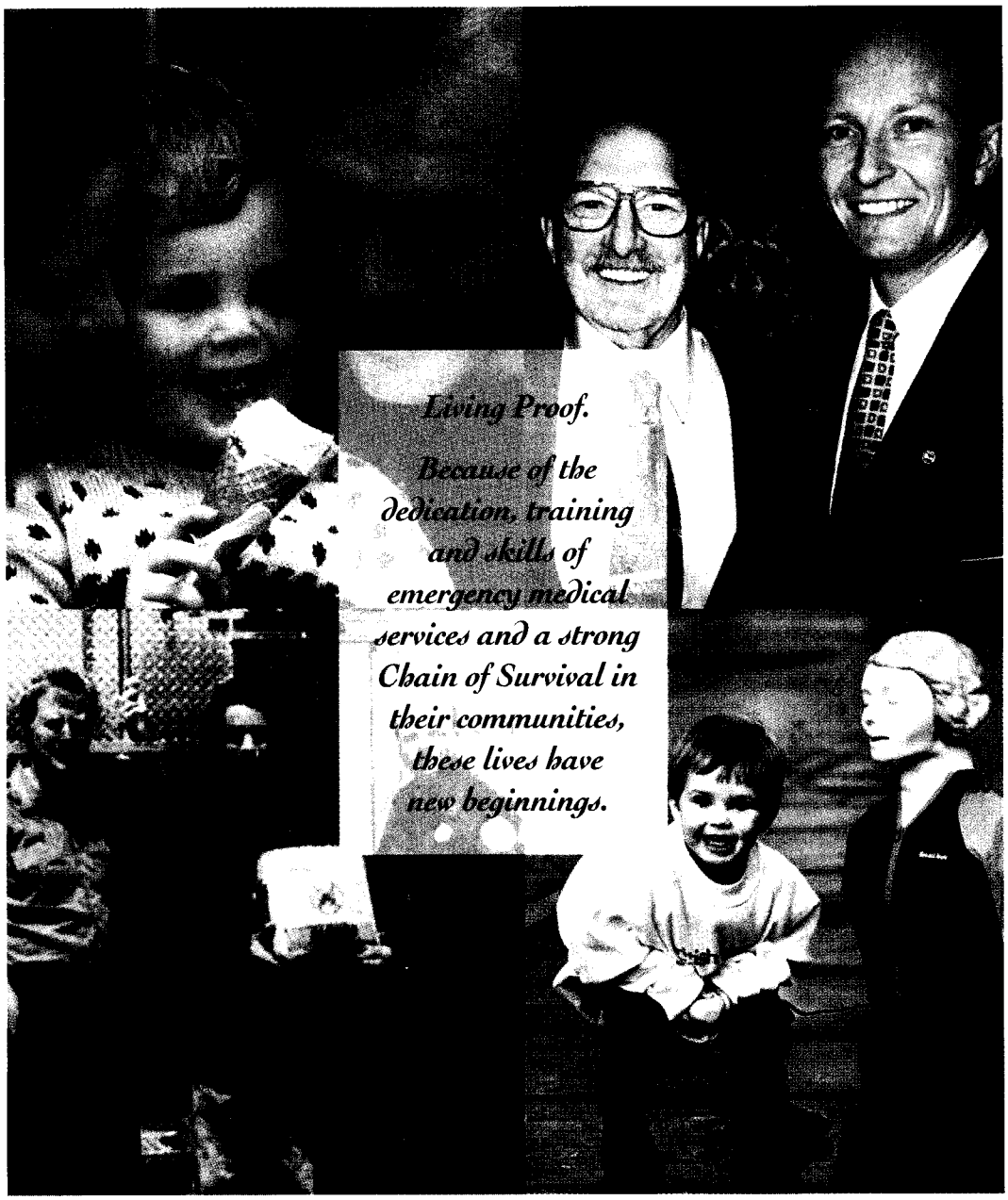
Submerged in a pond for 30 minutes, the life of two-year-old Hal was saved by his father who had just learned CPR.


Living Proof.
Because of the dedication, training and skills of emergency medical services and a strong Chain of Survival in their communities, these lives have new beginnings.

Using an automated external defibrillator, Qantas Flight Attendant David Furey saved passenger Roland Koenig (left) in mid-flight.

Fifteen-year-old heart attack victim T. J. Christensen was given the gift of life by the training and fast response of his teachers and the Sheboygan Fire/Rescue Squad.

Little David White is alive today because his mother learned CPR on Resusci® Anne.

Laerdal, dedicated to helping save lives
with products for CPR Training, Airway Management, Advanced Life Support Training,
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JUMP-STARTING THE HEART

A new generation of smaller, smarter cardiac defibrillators may revolutionize our way of responding to the nation's No. 1 emergency—sudden cardiac arrest.

by Ted Kreiter

Recently, "911" operators in Maine received an emergency call from a cardiologist's office. A patient was in cardiac arrest, and there was little the heart specialist could do until paramedics arrived with a defibrillator.

The cardiac defibrillator is hailed as one of the most important lifesaving inventions of the 20th century. The powerful shock it delivers to the heart muscle is the only means of reviving cardiac-arrest victims whose hearts have gone into ventricular fibrillation—a condition in which the heartbeat suddenly becomes chaotic. Some 250,000 people die in the United States yearly after sudden cardiac arrest.

Cardiopulmonary resuscitation (CPR) is an important part of the chain of survival (see chart, page 60) for cardiac-arrest victims. If started early, CPR may support life an extra five to ten minutes, but it is only a holding action. Survival depends entirely on early defibrillation.

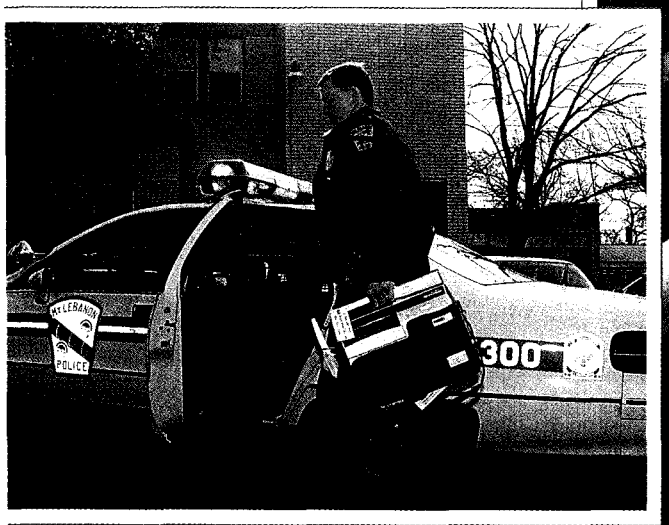
Unfortunately, cardiac arrest is not predictable. It strikes 1,000 adults every day in the United States. Sudden cardiac arrest can happen anytime, anywhere, and at any age.

Olympic pairs skater Sergei Grinkov collapsed on the ice during practice last year and died after sudden cardiac arrest. A few years earlier, Loyola Marymount University basketball star Hank Gathers died in similar fashion during a game.

"We know a lot about the causes of sudden cardiac arrest," says Dr. Bill Theis, director of emergency cardiac care programs for the American Heart Association (AHA). "We know about the electrical potentials that occur when you develop ventricular fibrillation, and something about the mechanism by which it's maintained, but we don't know what actually triggers the event. It's very hard to predict who is going to have sudden cardiac death."

Studies show when cardiac arrest happens in a hospital, in certain settings some 90 percent of victims are revived. But the vast majority of cardiac arrests occur outside a hospital, where the national survival rate averages less than 5 percent. The American Heart Association estimates that as many as 100,000 more lives might be saved yearly if cardiac-arrest victims were defibrillated within five to seven minutes. Unfortunately, traditional emergency medical teams cannot always reach and defibrillate victims that quickly.

Emergency-care specialists now agree the answer to the early defibrillation problem is the automated external defibrillator (AED). AEDs automatically perform the technical task of reading a patient's heart rhythm and determining



Police armed with automated external defibrillators can save lives. Suburban Pittsburgh officers reached cardiac-arrest victims an average of four minutes faster than traditional emergency medical units.

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whether shock is needed. Some AEDs even deliver the shock automatically. Others signal the user to push a button that delivers the lifesaving jolt.

Companies such as General Motors, Ford, and Amway have placed AEDs in their workplaces and trained designated personnel in their use. AEDs are also being employed in the air. Australia's Qantas Airways carries AEDs on all international flights. Since 1991, eight victims of cardiac arrest have been revived in flight—the latest, only four months ago, was a 73-year-old man from Texas. So far, only one other airline, Virgin Air, also carries defibrillation equipment. Meanwhile, on the ground more AEDs in public areas such as airports, shopping malls, and sports arenas could safeguard possible sudden cardiac arrest victims.

Local police may hold the answer to early defibrillation. On the average, police arrive at an emergency about 2.8 minutes before paramedics. In Rochester, Minnesota, where approximately 85 percent of police cars carry AEDs, the ventricular fibrillation survival rate has risen to almost 45 percent, "the highest survival rate that's been reported, to my knowledge," says Dr. Roger White of the Mayo Clinic in Rochester, who has supervised the AED study since 1990. "We're quite convinced that the mobility of city police officers in police cars makes them an ideal vehicle for the delivery of defibrillation." Now that automated external defibrillator training is included in the basic emergency medical services (EMS) curriculum, Dr. White adds, he expects a broader application of AEDs.

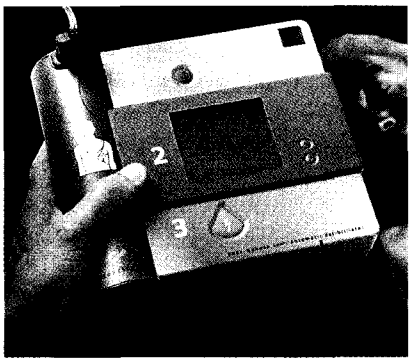
"The first need is to saturate the existing delivery system, the EMS, ambulances, fire and police departments," he says. "In the not-distant future, we will be putting defibrillators in major areas of high-density population, such as shopping centers. Putting defibrillators in homes is a little farther off."

Dr. Vincent Mosesso, assistant professor of emergency medicine at the University of Pittsburgh, will begin a study this summer putting AEDs in shopping malls, office buildings, and

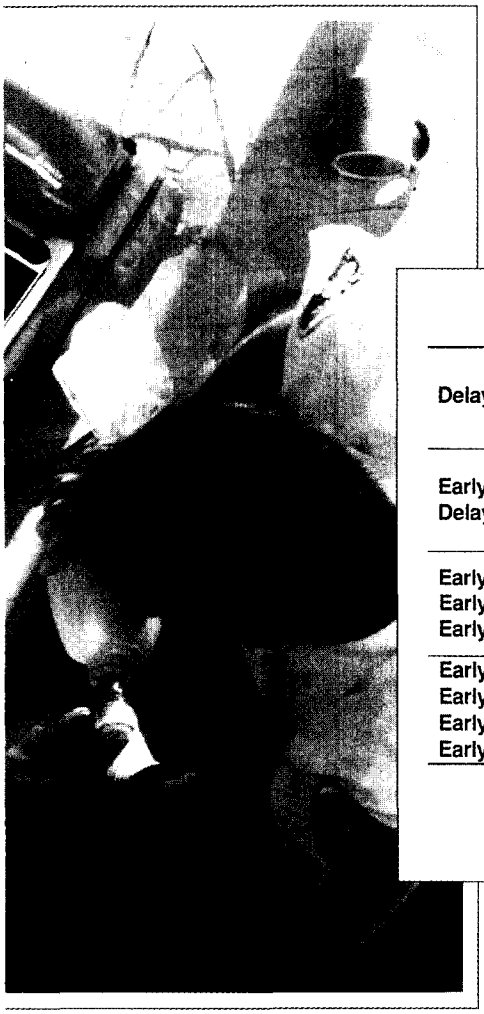
What It Takes to Start a Heart

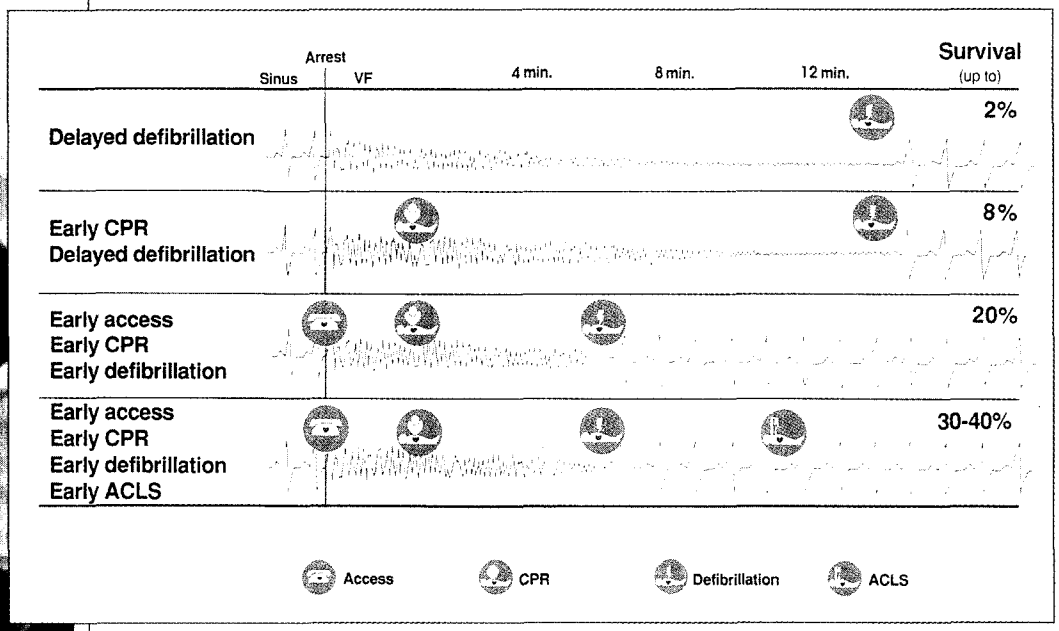
The amount of energy employed in cardiac defibrillation has been computed over many years of defibrillator use on all types of individuals. The standard guidelines call for an initial shock of 200 joules. That translates to about 2,000 volts at a peak current of 40 amps delivered within 20 thousandths of a second. But, says Byron Gilman of Survivalink Corporation, "That doesn't really say it all. The best analogy I could make is if you were to grab a wire that's plugged into a wall socket and hold on for five minutes. You would get the same amount of energy that we deliver in 20 milliseconds. This is an enormous shock."

Tiny, implantable defibrillators require much less power, only about 40 joules. Because the electric current is applied directly to the heart ventricle, it does not have to overcome the resistance from bone and chest tissue.



A new defibrillator model made by Heartstream weighs only 4½ pounds and is small enough to fit under a car seat.





Speed saves lives in cardiac-arrest cases. The chain of survival calls for early CPR to keep oxygen going to the brain, as well as defibrillation within five minutes to restart a normal heart rhythm. Early advanced cardiac life-support care is also required to stabilize a resuscitated patient.

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other public places in Allegheny County, Pennsylvania. In a previous study, 190 police officers in seven police departments outside Pittsburgh were trained and equipped with AEDs. Police were able to begin defibrillation an average of four minutes earlier than emergency services responders. "We had a big survivor picnic a couple years ago in which people who were 'shocked' and saved came and met the police and paramedics who were involved," Dr. Mosesso said. "For most areas of the country, we should be able to utilize police manpower, especially suburban systems where the police are out roaming around on patrol," he added. "There's so much potential. They could roll up and shock a person and do airway management in a very simple form. That's definitely going to save some peoples' lives." Pennsylvania is one state that has passed a first-responder law allowing trained rescuers to use AEDs.

Until recently, AEDs have been relatively cumbersome and expensive; present models are about the size of an electric typewriter and cost $5,000 to $8,000. However, a new generation of smaller defibrillators in the $2,000 to $4,000 range are becoming available. The smaller models also have longer-lasting batteries and require less maintenance. They are designed especially for minimally trained rescuers, first responders who receive 40 hours' training in first aid, plus a few hours defibrillation training.

The newer operator-friendly defibrillators are already catching on. Police and fire departments across the country have been purchasing them, says Byron Gilman, CEO of Survivalink, whose company's laptop-size AED, weighing only seven pounds, has been available for approximately a year.

"The concept of police using AEDs is well accepted," Gilman says, but he admits the penetration in police forces nationwide "is still rather small." Hospitals are purchasing the new AEDs for their nontraditional areas, such as outpatient clinics and nursing stations, he adds. The company has also sold defibrillators to oil refineries, gambling casinos, and (increasingly) to physicians. "Doctors' offices have a relatively high number of cardiac arrests," he says, "It's important for them to have defibrillators. The expected level of care is now defibrillation within three to five minutes."

Survivalink has had little success, however, placing AEDs at some other possible sites—such as major airports. "The airports we talk to say they have paramedics on staff with fully featured defibrillators," Gilman says. But with the size of modern airports, he believes air passengers could benefit from AEDs. "Let's say they just don't fully recognize the need," he adds.

Other companies will also soon be marketing smaller, less expensive defibrillators. Physio Control of Redmond, Washington, pioneered the first home defibrillator in the late '80s. Its new model, available this fall, will weigh about seven pounds. Laerdal Medical Corporation, whose AEDs are used by Qantas, is introducing a new downsized defibrillator this spring. The Heartstart 911 is closer to the envisioned "fire extinguisher" model that might be placed in strategic locations and used in case of emergency by laypersons trained in CPR and first-responder defibrillation. Placed on a wall, connected to its battery charger, the defibrillator self-tests its charge every 24 hours.

The most compact AED design thus far has been developed by the Heartstream company of Seattle. It weighs just four pounds and employs a new, biphasic wave-form. All present defibrillators use a monophasic wave-form, in which the current flows in one direction throughout the electrical pulse—from one electode pad through the body to the other electrode pad. In the new AED, the direction of the current is reversed midway through the pulse. The defibrillator instantaneously measures chest impedance and automatically optimizes the shape of the wave-form for each patient. This process reduces the energy required to perform effective defibrillation and allows for a smaller size, lighter weight, and lower cost equipment, says a Heartstream spokesperson.

Those who survive cardiac arrest, some 30,000 to 60,000 people annually in the United States, have a 25 percent chance of suffering another arrest within five months and a 35 percent chance of dying within the year. Many of these potential victims now are being fitted with implantable cardiac defibrillators (ICDs).

As late as the 1970s, implantable defibrillators were considered an impossibility. Then along came Dr. Michael Mirowski, a Polish-born physician who theorized that most of the energy required for external defibrillation wastefully dissipated in tissues surrounding the heart. He believed that a shock delivered directly to the heart would require much less energy, and that a device to deliver it could be made small enough to be implanted in the human body. Mirowski conceived the notion in 1966 after his boss and former professor at a hospital near Tel Aviv, Israel, died from cardiac arrest. He came to the United States in 1968 to develop the idea, but received no support and much ridicule by colleagues. Mirowski persevered, however, and on February 4, 1980, he watched as the first automatic implantable defibrillator was installed in a 57-year-old woman at Johns Hopkins Hospital.

Today ICDs are implanted in more than 50,000 people worldwide. Recent models are the size of a small bar of soap and weigh less than four ounces—miniscule compared to the first portable cardiac defibrillator built for Johns Hopkins in the 1950s: it weighed 40 pounds. Some current ICD models also double as pacemakers. They can stop ventricular tachycardia via a sophisticated technique known as "burst pacing," which reestablishes the normal heart rhythm by "overdriving"

The Chain of Survival

Early Access to an Emergency Medical System is a prerequisite to ensure qualified help will arrive.

Early CPR buys time to first defibrillatory shock.

Early Defibrillation is the single most important action to restart the heart.

Early ACLS (Advanced Cardiac Life Support) on site stabilizes the patient for transport.

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the abnormal beat, and this technique is well tolerated by patients.

The technology developed for ICDs is also being used to make smaller, more accurate external defibrillators.

ICDs are lifesavers for those who qualify for one, but the AHA's Bill Thies says, "As someone once noted, 'You have to die to get one,' meaning that the people who traditionally got these devices are the ones who experienced an incident of sudden death and survived. That's a very poor selection process because most of your patients die. You can identify certain very high risk patients to get these devices, and that's being done. The real question is, Should everyone, especially every male over the age of 45, have such a device implanted, and the typical answer is that it's not cost-effective.

"All of this would be pretty much virtually eliminated if somebody comes up with a simple test that would identify those at risk for sudden cardiac death," Dr. Thies says. "Unfortunately, that doesn't exist, has never existed, and there isn't really anything on the horizon that strikes me as being particularly suitable for that."

The best answer for sudden cardiac arrest remains the AED. But for AEDs to become fully accessible, a number of legal and financial hurdles still must be overcome. Only half of all states have passed first-responder laws, permitting people with 40 hours of training to use AEDs. A couple of states, such as California, make provisions for layperson defibrillaton, but the majority do not. The AHA supports the Cardiac Arrest Survival Act, now before Congress, that would make AEDs more accessible to emergency responders. Insurance may also be an obstacle. Recently a church in the Palm Springs area was considering purchasing an AED to protect its congregation, until its insurer threatened to double the church's insurance rates. Presently when someone is struck down by cardiac arrest in a public place, it is considered an act of God. However, if an entity such as a church or a country club acquires the means to resuscitate, it could be held responsible for the survival of a cardiac-arrest victim. Although the latest technology allows us to save more lives, our slow-moving institutions discourage us from taking advantage of it. ▲

Shock Him!

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the waiting areas, parking garage, hospital lobby—all places patients have arrested—resuscitation can take much longer. (Some hospitals are placing AEDs in these remote areas, to be used by anyone properly trained.)

"Mom says I got my hair and eyes from her, and she got her frazzled nerves from me."

Mr. Capowski's luck was in falling where he did and someone hearing him fall immediately—someone who was trained in what to do and able to do it without hesitation. The chest team worked as it's supposed to.

• • •

In the ICU, Mr. Capowski's post-arrest EKG showed evidence for a myocardial infarction, a heart attack, no doubt sustained while walking to the bathroom. Most likely his smoking and the low electrolytes, plus some type of underlying heart disease, all contributed to his VF. Because of his VF, he did require emergency cardiac catheterization, performed that same afternoon. The cardiologists found a critical narrowing in one coronary artery, and they were able to open it up with balloon angioplasty. During the procedure, he received intravenous xylocaine immediately after resuscitation to prevent recurrence of VF. Also, a heart surgeon was available in case angioplasty failed and coronary bypass became necessary. Fortunately, it didn't.

Mr. Capowski left the hospital just four days later, on his own feet. By then at least six different doctors and nurses had regaled him about the event, including me. I emphasized prevention. ("You know your heart stopped; it could happen again. You really have to quit smoking.") Others commented in awe, hinting at his miraculous recovery. ("Do you remember anything that hap- pened? Did you feel anything?") And others were simply clinical and direct. ("Your heart stopped due to a coronary blockage; the artery is open now, but you must stay on this [heart drug] indefinitely. We'll see you in the office in three weeks.")

Was Mr. Capowski resuscitated from death or near death? During resuscitation, was he sleeping, unconscious, or dead? Questions like these can make you glassy-eyed with metaphysical thoughts. From a pure physiological perspective, his heart just stopped pumping. During this period, his brain had sufficient oxygen (due to basic CPR) so that he suffered no loss of cerebral function.

The day of discharge, I went in to say good-bye. By then "your heart stopped" was almost a cliché, and I didn't bring it up. It was clearly on his mind, though—not because he planned to write a book, but because (I suspect) he was plotting out his post-hospital lifestyle.

"My heart really stopped that day, huh Doc?"

"Yes it did."

"I'll be damned. I feel great now." ▲

Dr. Martin is chief of the Division of Pulmonary and Critical Care Medicine, Mt. Sinai Medical Center, Cleveland, OH.

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Letting Michael Be Michael. . .

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The next few years included more transfers across the country and new journeys for Michael's insatiable intellect. When Michael was three, he was absorbing third-grade workbooks, reading at a fifth-grade level, and tinkering with algebra. Because five years old is the legal school age in America, Kevin and Cassidy had to find a private school that would accept him.

When Michael demonstrated his reading ability for the teachers and principal at the nearby Montessori School, they concluded that Michael must have memorized the book. They also felt that Kevin and Cassidy were living out their own lives through Michael.

The Kearneys had to supplement Michael's early schooling with their own at-home instruction. Schools are not equipped, they discovered, to take a child beyond prescribed expectations. Once a child consumes all there is at a certain grade level—that's all there is! At home, Kevin and Cassidy weren't pushing Michael to learn—*Michael was pushing them.*

Over the next year, the Kearneys came to realize that very little was known about the severely gifted. What was known and published was often misleading or incorrect. There were no schools or programs for children like Michael. Cassidy's early education had been in Japanese schools, where teachers stressed parental involvement and built upon a foundation of skills and knowledge already laid down in the home. In America, parents were not invited to be involved in their child's education.

In 1988, the Kearneys were transferred to San Francisco. They took Michael to the University of San Francisco Child Development Center, where the psychologists and sociologists doubted children could perform on their own at an advanced level.

"If you don't stop teaching him, he will be pathological in ten years," they warned. Kevin challenged them to produce even one study that showed pathology as the result of accelerated learning. They couldn't.

By age four, Michael was progressing at three grades per year. He finished fifth grade at home while Kevin and Cassidy continued to search for programs for gifted children. Concerned about Michael's physical skills, they encouraged him to play team sports. Physical activity helped Michael to rest his brain.

By the time Michael was five, he was learning at a rate of four grades per year with more than 90 percent retention. When he completed the eighth grade, the Kearneys enrolled him in high school, if only to cut down on their own book expenses of $300 to $400 every few months. But in high school, the pace proved too slow for him. Michael was frustrated and growing bored.

Kevin left the Navy to be home more often. The family moved to Santa Rosa, California, where they tried to place Michael at the local high school. The school was not receptive to enrolling a six-year-old. "We have no facilities," the Kearneys were told. Finally, Michael was permitted to enroll. Nine months later, he received his diploma, becoming the youngest high-school graduate in history (his first *Guinness Book of World Records* title).

Now the family faced a new future—college. While Kevin and Cassidy explored college options for Michael, daughter Maeghan, now four, was being homeschooled in lessons at the third-grade level. She was suffering, however, from the "second-child syndrome," meaning that because Michael excelled in academics, she wanted none of it. She withdrew into a shell and refused to display her unusual abilities.

Kevin and Cassidy placed Maeghan in public school. An insensitive first-grade teacher noticed Maeghan was small for her age and told her she was too young to read. Maeghan went home in tears, convinced that she was too young to learn. The Kearneys found themselves repeating the same conversations with educators that they had about Michael.

At six years and eight months, Michael enrolled in Santa Rosa Junior College and earned an Associate in Science degree (his second *Guinness* title). Although Michael was accepted at the University of California, Berkeley, after a closer exploration of the campus atmosphere, Kevin and Cassidy decided it wasn't the right environment for their son.

The Kearneys searched for a less-expensive area of the country and decided on Alabama. Michael was accepted as a transfer student to the University of South Alabama, and in December 1992 the family arrived in Mobile. Michael would begin his junior year at USA the following January.

In 1994, at age ten years and four months, Michael graduated with a B.S. from USA, majoring in anthropology with a minor in geography-geology (his third *Guinness* title).

As we go to press, Michael Kearney was on hand in April to present scholarships to the winners of the Tulip Time Scholarship Spelling Bee, held at the Fitness Farm. The annual contest awards some $50,000 in college and university scholarships to the winner in each age group—from 6 and under to 12 and under. Twelve-year-old Michael enjoyed the outdoor fun-filled activities at the Fitness Farm, including a visit with the mime Divit the Clown, who never fails to entertain kids with his animated antics.

Michael was recently asked what he thought was the most difficult thing about being a prodigy. "All the water fountains were too high," he said, revealing a keen sense of humor.

The Kearneys now live in Murfreesboro, Tennessee, a 50,000-plus community southeast of Nashville. Michael is pursuing courses in science and mass communication, with the dream of one day becoming a game-show host, a college professor, or an actor. (He may become all three.) Maeghan, almost 11, is being taught at home on a high-school level.

"I like being homeschooled," Maeghan says, "because my mom makes it fun and I can go at my own pace."

The Kearneys have accumulated a wealth of knowledge about rearing, loving, coping with, and educating severely gifted children. Kevin and Cassidy always chuckle when people want to know how they, too, can create a genius. The Kearneys believe that intelligence results from nature and nurture. Children such as Michael and Maeghan are widespread. Many are not fortunate enough to have parents

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Natural Prostate Relief

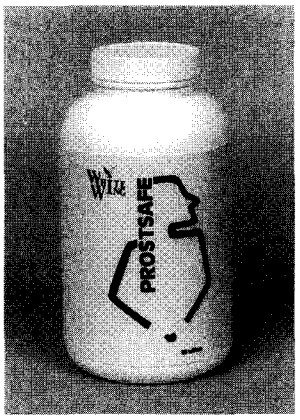
It's a natural fact. If you are a male over 40 and don't already suffer from a prostate gland disorder, the odds are 2 to 1 that you will before you are 59. By the age of 65, most American men have enlarged prostates.

As the years pass, mild discomforts can become disabling. Today, prostate surgery is the second most commonly performed surgery in men over age 65! Surgical complications can include total loss of bladder control and sexual dysfunction.

Prescription drugs may halt the swelling, but rarely end the suffering. Also, many prescription drugs may have side-effects, like weak erections and low sex drive.

Many doctors feel that prostate disorders can be treated or prevented by giving the prostate gland the nutrition it lacks.

Recent scientific research has shown how to remedy the underlying problems associated with prostate disorders--safely and effectively. These results have been published in the *British Journal of Clinical Pharmacology,* the *American Journal of Gerontology,* and papers from *the National Cancer Institute.* They reveal that several vitamins, minerals and natural herbs can dramatically shrink the prostate and improve urinary performance in older men.



The most modern application of these healthy ingredients is found in **Prostsafe™** from Whitewing Labs. **Prostsafe** is the nutritional "tool kit" for men with benign prostate problems, and those who wish to prevent them. It is a mixture of zinc, serenoa serrulata, ginseng, certain amino acids, bee pollen and vitamins A, B-6 and E. Working as a team, these ingredients have been shown to shrink a swollen prostate.

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Our Computerized Future

2005: COMPUTERS IN OUR FUTURE

Take a look into the future and see the role the computer could play in our daily lives.

by John Eckhouse

Illustrated by Don Trawin

The alarm chirps at 6:05 a.m. on April 15, 2005, pulling Lois Morrow out of a deep sleep. As her feet hit the floor, a pressure-sensitive pad underneath the carpet activates the baseboard lights leading to the bathroom and warms her shower to a preselected temperature.

When she walks into her closet, the weather forecast appears on a small wall display so she can dress appropriately for the day. Lois looks with envy at her husband, Tom, who gets to grab a few more winks: he works from his home office on Fridays.

When Tom's alarm rings 20 minutes later, the room lights brighten slowly, the inner curtains open, and he hears one of his favorite CDs piped into the bedroom speakers from the living-room stereo.

Sally, the Morrows' 15-year-old daughter, has programmed her personal computer to wake her by blasting one of her favorite rock videos at 6:50 a.m. Her 10-year-old brother, Henry, sleeps so soundly that the Morrows had to connect his alarm to the overhead lights, which flicker rapidly until he gets out of bed.

Welcome to the intelligent home of 2005.

Tomorrow's House

From the outside, the Morrows' home doesn't look much different from other houses built in their town during the past 50 years. Inside, it's another story. The walls contain numerous networks that connect virtually all the home's electrical devices to each other and to the outside world over high-speed digital communications lines. By touching a button on one of their personal computers, flicking a wall switch, clicking a remote control aimed at a TV screen, or punching in some numbers on a phone outside the home, the family can control its lighting, security, entertainment, energy, and communications systems.

While the Morrows were asleep, their house was wide awake. At 3:00 a.m., the central control system turned on the dishwasher and the washing machine. It still can't move wet clothes from the washer to the dryer, but the family saves more than $25 a month by operating appliances when the electric and water rates are very low.

One of the home's many computers dialed the weather service at 4:00 a.m. and found out that the morning temperature was shaping up to be much warmer than normal, with rain forecast by lunchtime. The computer alerted the heating system, which activated the furnace a little later than usual, and the sprinkler system, which postponed its scheduled early-morning watering. If the weather forecast turns out to be wrong, moisture sensors buried in the grass will activate the irrigation system later in the day.

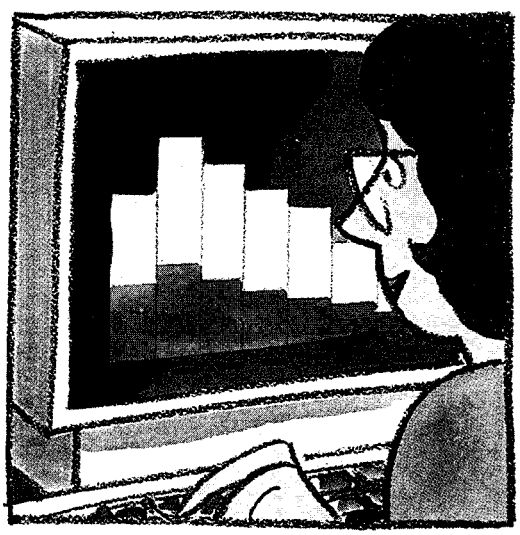
After breakfast, Henry straps on his multifunction watch and Sally grabs her electronic wallet from the recharging rack. Lois transfers electronic cash to the watch and wallet via infrared beams by pointing her own electronic wallet at the children's devices. Henry pays for his lunch at school by pointing his watch at a "reader" in the cafeteria, entering his code, and beaming some electronic money to the cashier, which debits the amount in his watch.

Henry's watch and Sally's wallet also function as two-way wireless and infrared paging devices.

Before Lois heads out the door, she hooks a slightly larger communicator—a combination pager-wallet-wireless phone—to her belt. She can't imagine how she ever got along in the days before one phone number followed you wherever you go.

Personal Newscasts

As she drives to the train station, Lois puts her electronic news screen on the front seat. While she slept, the device was plugged into the phone and electric outlets so it could



Although getting up in the morning won't be any easier, technological advances during the next ten years will make our daily lives a little easier and a little more interesting.

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search on-line news sources for stories that match her preference for international news, community events, and business features about the banking industry. In the car, Lois sets the lightweight, 8½-by-11-inch device to read her the day's news in a male voice with an English accent. On the train, she selects stories to read by touching the screen. Although the layout on the screen resembles an old-fashioned newspaper, the content includes not only text and graphics but also sharp, clear photos and video clips—an almost endless supply of information compared with a traditional newspaper.

Back at home, Tom heads to the kitchen and remembers it's his turn to cook dinner. He removes a chicken from the freezer but doesn't find the vegetables needed for his favorite stir-fry dish. Using the touch-sensitive screen phone—a phone with a large, upright flat-panel screen like those

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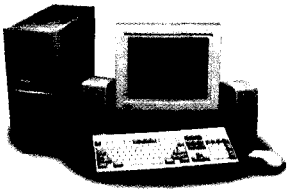

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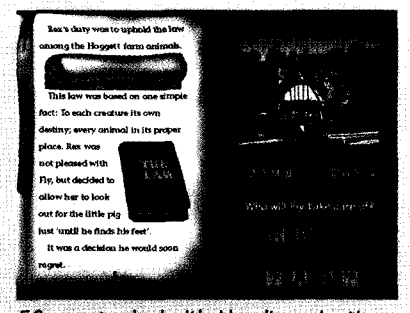
Rex's duty was to uphold the law among the Hoggett farm animals.
This law was based on one simple fact: To each creature its own destiny; every animal in its proper place. Rex was not pleased with Fly, but decided to allow her to look out for the little pig just 'until he finds his feet'.
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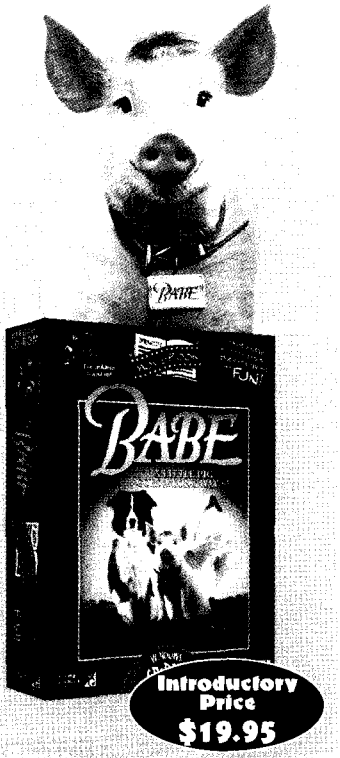

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Computer Roundup

The Post reviews new and innovataive software and hardware products.

New Educational Software

Hit movie characters, whether real or cartoon, make great teachers. Disney, for example, translated the hit animated movie *The Lion King* into a best-selling educational software storybook for children. Other software educators are following suit. Last year, SoundSource Interactive introduced a new MovieBook series that includes *Black Beauty, The Secret Garden, Lassie, Free Willy II,* and *The Little Rascals.*

This year *Babe*, the Oscar-nominated movie with an irrepressible pig, makes its MovieBook debut. Children follow along on Babe's magical journey. Each chapter ends with a multiple-choice reading comprehension quiz that rewards a perfect score. Kids create their own barnyard scenes, solve hidden puzzles, and even help Babe rescue a sheep. Learning about the world from a pig's perspective can be fun!

Financial Futures

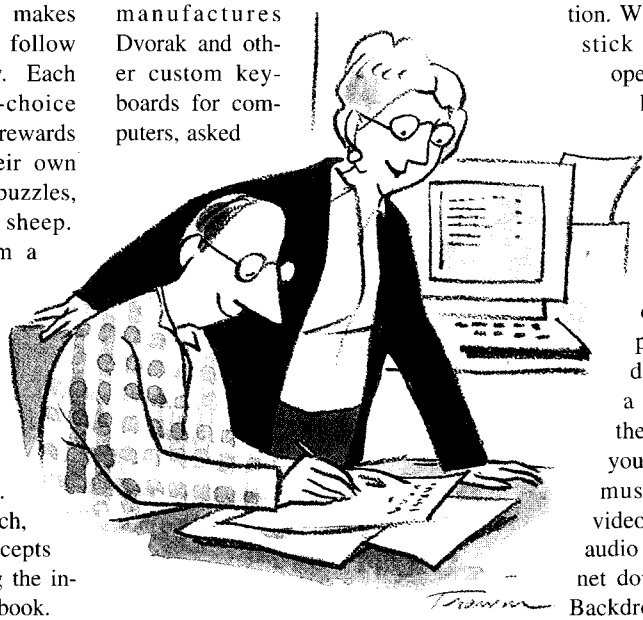
A few years ago, the people at NordTech Technologies in Canada surveyed the computer financial field and were not impressed with what they discovered. So NordTech took a new approach, putting financial terms and concepts into plain English, then packaging the information in an on-line computer book.

The software can help you find answers to some key questions. How much monthly income will you need to survive in 40 years? How long can one live off $100,000 invested, provided you need $2,000-a-month living expenses? The Investment Calculator has the answers. You have $1,000 to spend each month. What size mortgage can you assume? The Mortgage Calculator can answer that one, too, and many others. The NordTech's Financial Planner worked well in Canada, and now has been designed for use in the U.S. financial market.

QWERTY vs. Dvorak

With the advent of computers, typing skills have become a high priority. To access the new world of information available through the internet, you must be able to type. There's only one rub. The old keyboard system known as QWERTY (for the first six letters on the top row) was not designed for fast fingering. In fact, the letters were laid out *not* to facilitate typing, but to slow it down. Why? Because mechanical keys often stuck if one began typing too fast.

In the 1930s, August Dvorak, a university professor, designed a new keyboard to maximize efficiency and reduce fatigue. Dvorak put all the vowels and five of the most common consonants on the "home row" to reduce finger travel time, thereby increasing typing speed threefold. It's now easy to change to the Dvorak method; all you need is a new keyboard and some software. But can "old-dog" typists learn new tricks? Synctronics, the company that manufactures Dvorak and other custom keyboards for computers, asked



Marie McDonald, a typist who switched to Dvorak after 42 years on the old system. Her answer: "Why in the world would anyone use QWERTY when they could use Dvorak?"

Up the Downsizing Staircase

Downsizing, the latest fad in corporate management, has put many highly skilled people out of work. For some, however, downsizing has proved a plus, giving them an opportunity to do what they have always dreamed about—start their own business.

Starting a business begins with a plan. That's where a personal computer enters as a reliable silent business partner, according to PowerSolutions, a company that has designed a software package called PLANMaker that helps novice entrepreneurs develop a workable business projection. The program presents a series of eight to ten topics that takes the user's concept and creates a well-documented, logical progression of events that form a comprehensive business plan. PLANMaker also provides financial projections to demonstrate how the business will perform under anticipated circumstances and help a would-be CEO make the "go," or "no-go" decision to seek investment capital.

You may not even have to be "downsized" and out to use this program. All you need is ambition and a good idea.

Family Memories on Computer

So you have snapshots of Billy's big day at Little League or Sally's graduation. What can you do with them besides stick them away in some seldom-opened album? Automedia company has a better idea. Store them instead as a multimedia presentation on your computer's screen saver. Automedia's software package, Backdrop, allows you to do this. Whenever you flick on, your computer will automatically flip through your favorite photos of children and grandchildren. Or maybe you could arrange a sequence from baby photos up to the present. The program also allows you to combine pictures with sounds, music, narration, and full-motion video from scanned images, recorded audio files, CD-ROM collections, Internet downloads, and film-to-disk photos. Backdrop multimedia presentations can even be used for school projects, business reports, or even for your own on-line Web site.

Beating the Technology Crunch

Putting together a computer system that fits your needs can be a challenge.

"Computers and technology, in general, are intimidating, even to those of us who use it every day," says Michael A. Furukawa of HYMCO Technologies, a company that has taken on the job of straightening out the mess. Computer-solution companies like HYMCO that deal with integration of technology can help you get a computer system up and going that will be viable in the future. That's not easy. Furukawa says, "Technology today is changing so rapidly that what we call cutting-edge now may be obsolete in a week or less."

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found on '90s portable computers—Tom presses one panel to connect to the grocery store's home-shopping service, orders vegetables by pressing panels on the touch-sensitive screen, charges the purchase to his account, and arranges for late-afternoon delivery.

Then Tom walks to his car; he's got an appointment to meet a client. He pushes the button that says "Departure" on the wall panel by the garage door. The garage door opens, the locks in the house click shut, the heat and hot-water systems turn down, and the lights shut off—as do any small appliances that have been left on inadvertently. The drapes close halfway and the security cameras activate so that when Tom or Lois returns home, either one can turn on the TV and see video images of anyone who may have come near the house while it was empty.

Unlike Lois, Tom hates to be in touch all the time. He never carries his wireless phone and sets his pager so only urgent messages from the family go directly to him, with the rest diverted to his electronic mailbox at the office. But he does carry a "smart card" in his wallet that's loaded with memory and a microprocessor as powerful as a 1990s PC. By inserting it in a phone slot or someone else's computer, Tom can customize the device, load his Rolodex and other files, and press the same keys for one-button functions or phone calls as if he were at home. When Tom uses the card at a pay phone, the device transfers electronic money to the phone company from its memory.

When the kids arrive home from school, they unlock the front door with their security passcode, turning on the lights, furnace, and water heater automatically. Henry

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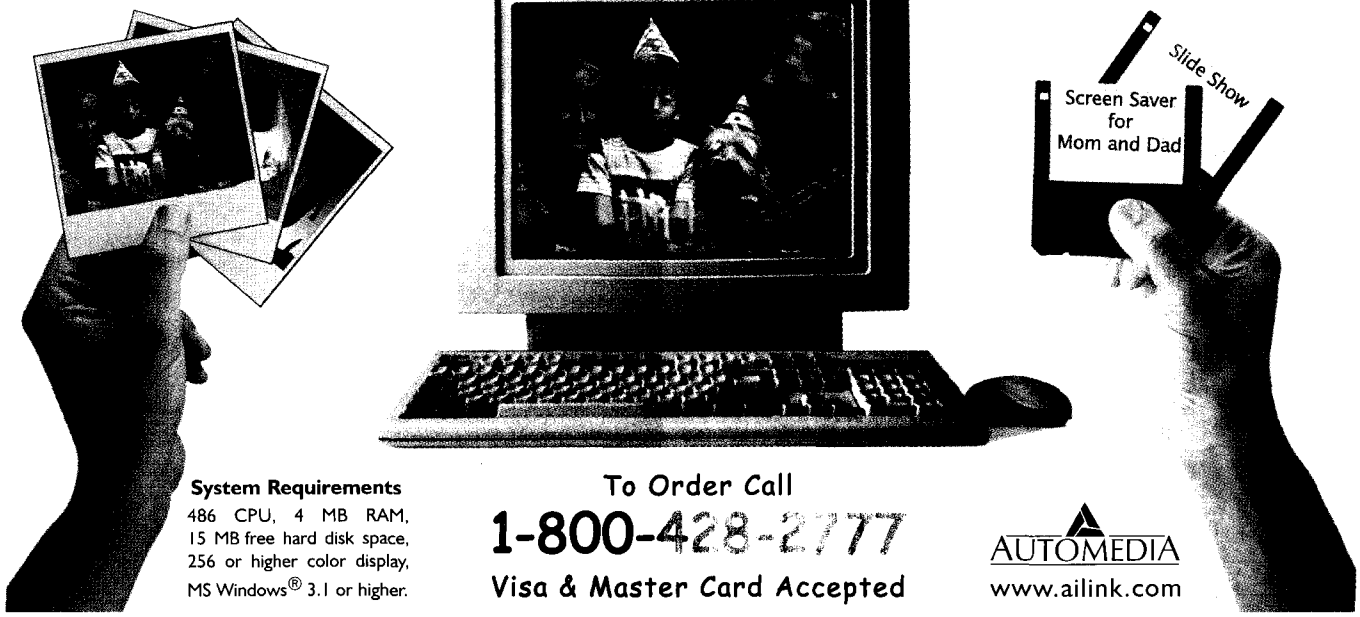

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grabs some cookies from the kitchen, then heads up to his room to log into the computer game network and play against other kids around the country.

In her room, Sally dials into the school computer to confirm her history assignment. Then she uses her PC to search various on-line sources. Henry clomps down the stairs and stops to record a video message on the refrigerator for his parents.

When Tom returns home, blinking lights on the refrigerator panel, PC, and living-room wall screen indicate he has six e-mail messages. Tom watches Henry's message at the refrigerator panel, but decides to view the others in the living room. As he enters, the wall screen displays one of his favorite Monet landscapes. That disappears with his first click of the remote control; the screen turns into an e-mail menu noting he has messages from Henry's teacher, Sally's dentist, a local department store, his electric utility, and his furnace.

Curious about the furnace, he selects that message first and finds a reminder that it's been six months since he changed the air filter. It asks if he want to order a new one from the hardware store. Tom clicks his pointer on the reply box to purchase the filter and arrange delivery. The electric company's message warns that, based on current trends, the family's bill this month will be 50 percent higher than it was in March. "We've traced the problem to your hot tub. You seem to use it only on weekend evenings, but this month you left the control on manual, letting the heater run all week. Shall we reset the on-off switch to lower your bill?" Tom clicks "Yes," glad that the utility became so consumer-friendly after deregulation.

Having dispensed with his mail, Tom connects to his bank, sees that his paycheck has arrived, and clicks on a box authorizing the bank to pay the bills he reviewed the previous evening.

Moving back to the kitchen, Tom finds the fresh produce he ordered that morning in the outside delivery box. While preparing the vegetables and chicken, something looks amiss. He presses a button built into one of the counter tiles to activate the kitchen PC, and a flat-panel screen drops into view from under an overhead cabinet. He asks for photos of stir-fried chicken in various stages of preparation and sees he forgot to put in the red pepper.

Lois returns from work, and the family decides to watch a movie together that night after dinner.

At about 8:00, Tom and Henry come upstairs. Before starting the movie, Tom, who has hypertension, takes a few minutes to send his weekly blood pressure reading to his doctor. He hooks the cuff around his arm, clicks a couple of buttons on his computer, pumps up the cuff, and sends the reading electronically to his physician's office.

Finally, it's time for the evening's entertainment. Looking at a menu of movies on the large living-room screen, the family selects a new mystery movie with multiple points of view. They order and pay for it with the remote control while debating whether to watch the story unfold from the heroine's eyes, the villain's point of view, or that of the police detective.

In the middle of the movie, there's a phone call. A little icon in the corner of the wall screen shows a picture of Sally's boyfriend. "Pause! Answer!" Sally yells. The video stops and a live image of her boyfriend replaces the movies on the wall. She says hello and asks him to hold on, running out to take the call in her room. When Sally returns, Tom rewinds the movies, stored digitally in the living-room computer, to see the last scene again before watching the rest of it.

Later, just before Lois drifts off to sleep, she hits a wall switch marked "Bedtime" that sends a variety of messages to the interconnected devices in the house, shutting off most of the interior lights, activating the outside lights and cameras, turning down the furnace and water heater, and making sure the soldering iron in the basement workshop is turned off. At 2:40 a.m., Tom awakes with a start, thinking he heard someone prowling around outside. He reaches for the TV remote control and presses 99 to take a look through the outside cameras. The sideyard camera shows a raccoon trying to get into a garbage can. After a last look at the wily critter, Tom turns off the camera and drifts back to sleep, leaving the home to monitor and control itself, protect the family, and ready the music he's chosen to nudge him awake for his Saturday-morning video tennis lesson.

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Letting Michael Be Michael. . .

continued from page 62

who recognize advanced intellect and nurture it while battling the elements of economic limitations, indifference, ignorance, and social pressure.

The task facing parents of gifted children, Kevin found, is to provide a comfort zone between excessive pressure and outstanding performance. Parents should reach to where the child is, reinterpreting the world in ways that are meaningful and fun.

The Kearneys call Michael a prodigy, rather than a genius. A genius, they say, is an individual who creates a whole new area of human endeavor or knowledge—Einstein, for example. A prodigy is a child who performs in an adult field at an adult level.

"Since Michael has not yet contributed anything to the sum of human knowledge," Kevin says, "he's not a genius."

Contemplating Michael's potential on one level, yet not grasping it at all, leaves one wondering just when and how his genius might manifest itself and affect all of humankind. ▲

Julie Andrews

continued from page 37

clearly remembers.

"We vowed when we married that this we would take a day at a time—not have any fantasies that sort of precluded the realities. I think it's been a very good idea. You don't try to see the long term as much when you deal with the everyday. It probably bears fruit because you concentrate on the moment," Julie says.

"I guess the other side of it is that two people have to *want* to do it. It's the biggest job one can do. But we're grateful. It's quite a surprise for both of us. We made that one vow—and suddenly it's 25 years later!"

But it's been even more than that—30 years—since Julie has been on Broadway. *Victor/Victoria* opened days after her 60th birthday last October 1. It's a physically demanding role.

Philip Weiss, writing last autumn, says that eight performances a week of *Victor/Victoria* is a "brutal workout." But Julie says she has developed a series of exercises over the years that keep her in shape.

"I'm not a fanatic about it. I do as much as is necessary but *only* as much as is necessary, because it occupies a certain portion of my day. I do stretch

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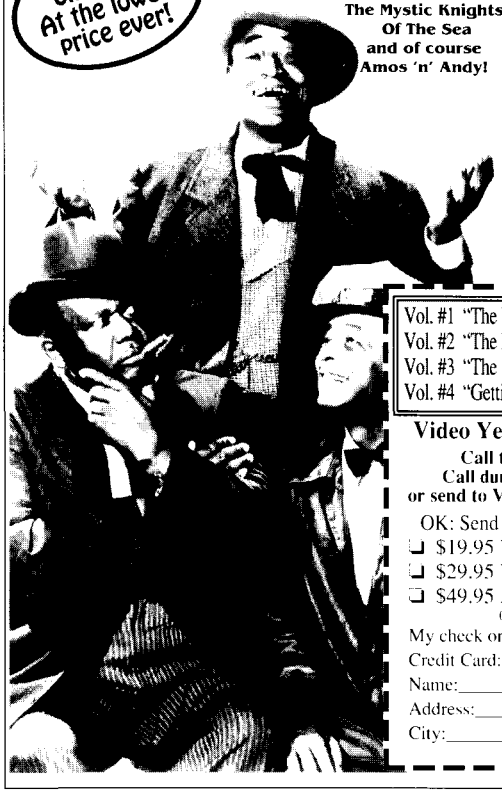

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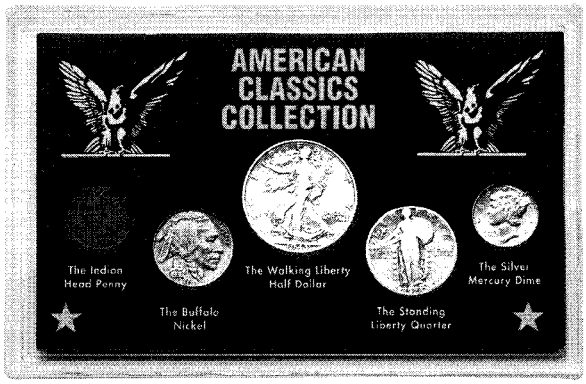

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and then my exercises. It's part a little ballet bar, a little yoga, and a lot of stretching because my back is not the strongest part of my body, and I have to be very careful. Then, of course, I do a singing practice every day. Really, the whole day is about getting ready for the show."

It wasn't sufficient in January when she missed several performances.

"I had a bad flu with bronchitis and God knows what," Julie says. *The New York Times* noted that attendance at the Marquis Theatre dropped to 61 percent capacity while she was ill. Receipts were also down by more than $200,000 from the usual $800,000. In March she thought she had a recurrence of flu. Instead she ended up in the hospital for laparoscopic surgery for removal of her gallbladder. This time she missed just under two weeks' performances. Again, ticket sales plummeted.

The role also causes her to appear in men's clothing, including white tie and tails. One reviewer called her "the sexiest woman in tails since Dietrich."

Of course, Julie has gotten great press notices for years, and today is no exception. Some current accolades: "When she sings, she's magic." "Lovely." "To see her is to love her." "Looks terrific." "Glows with beauty and class." "Purity of voice."

Clearly, she likes what she's doing and believes the show has come at an ideal time for her after a long hiatus.

"And why not? It seemed time for a big, new adventure and I was happy to embrace it," she says.

This "big, new adventure" followed a 20-year period when Julie's priority was raising her family, mostly at their Switzerland home. Throughout those years, there were still TV shows, films, recordings, and world appearances.

Julie refuses to buy the argument that a star can be typecast in a critically acclaimed role and not be accepted by her fans when playing a different part.

Why? Julie has two answers.

"First, I think that possibly the success of each enterprise has a great deal to do with it. If *Victor/Victoria* had not been a successful film, I probably wouldn't be identified with it. The best analogy I can give would be if you think of Clark Gable, you obviously think of *Gone with the Wind*. It was huge, but he had this great body of work. But I'm happy in that *Victor/Victoria*, obviously, was successful and bold enough to give me that identity, as well as Poppins and Maria.

"Second, I think that to some degree, obviously, one is identified with earlier roles if they were successful. But I'm an actress, and I'm delighted to get my teeth into anything that's fresh. So I'm really *not* those people, in reality. Obviously, a part of me is, but not all of me."

That "part of me" in her roles has changed over the years.

Julie once said that she simply did early roles because of her theatrical background, then performed to get away from life and herself, but today embraces each performance.

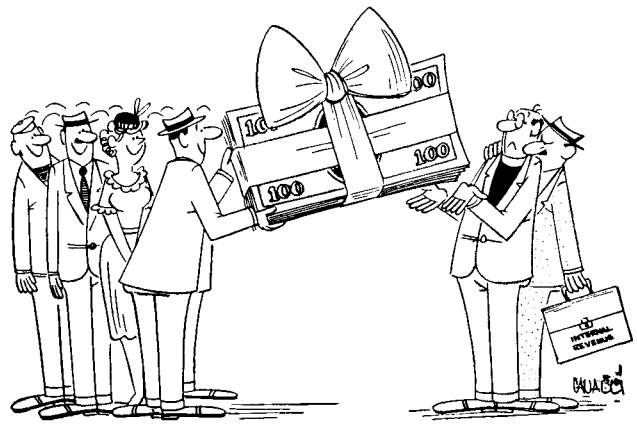
"These days it's true. I do work for a very different reason. In younger years, the breaks came, and one took whatever one could because one needed to work. But these days I have the luxury of choosing—mostly the luxury of choosing, not always—but I really do so enjoy it for myself and I so enjoy the giving. It's quite a wonderful feeling."

Performing on stage isn't all that Julie is up to these days. Her Broadway music album series with Philips is one source of enthusiasm for the future. The first in the series, *Julie Andrews—Broadway: The Music of Richard Rodgers*, won a Grammy Award nomination for best traditional pop vocal.

"I *love* the music of Richard Rodgers; in fact, it is exquisite. But there's so much music out there that I adore. I'm thrilled with the Grammy nomination because I'm very proud of the album. I love recording—the privacy of doing it and then getting it right. You cannot imagine the pleasure of singing with a very, very big orchestra.

"It's the beginning of a series of albums. Philips has been very generous and has asked me to try to do a lot of definitive Broadway music. So I've already got the second album in the bank, so to speak, and it will be coming out later this year. It's *The Words of Alan Jay Lerner*, which includes all the people he ever worked with, such as Kurt Weill, Frederick Loewe, and Leonard Bernstein."

Then there is her third children's book, half-finished now for the last four years. Writing under her married name, Julie Edwards, *Mandy* was



You Be the Judge

by William Donaldson

When the Reverend Goodbody retired after a quarter century, during which he tripled the congregation and built a new church, members of his grateful flock voted him $200 a month as a retirement gift. He settled down happily in a small, flower-covered cottage. Then disaster struck. The federal government demanded income taxes on his $200 allowance. Instead of paying, the clergyman went to court.

"That money isn't salary, but a gift which the congregation voted out of gratitude for my years of service," the Reverend Goodbody contended. "It is well established that income taxes cannot be collected on gifts, so make the revenuers stop pestering me."

"The reverend's own argument shows that the money was voted because of his services in the church," the tax collector countered. "As money paid for services is salary and not a gift, the government is entitled to its tax."

If you were the judge, would you make the clergyman pay up?

He did not have to pay. The court ruled that the $200 a month was "a free gift of a friendly, well-to-do group who wished their old minister to live without fear of want." It was not paid for services rendered, the court continued, but was a voluntary "honorarium" that could be terminated at any time.

Based upon a 1954 decision.

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- ❑ HAMMERTOES

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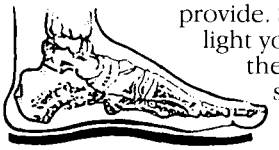

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published in 1971 and *The Last of the Really Great Whangdoodles* in 1974, published by Harper & Row. Both were stories told to her children.

Speaking of writing, is there also an autobiography in the works?

"I am thinking about it more and more because I think my children and their children might be interested in it. So I'd like to get something down one of these days. It's not started, but I've certainly begun to set aside special photographs and things like that. In other words, I'm thinking about it."

And there are her charities.

Named in 1992 as goodwill ambassador for the United Nations Development Fund for Women, she refers to herself as a "very proud ambassador for this wonderful organization." But two California charities have her dedication as well right now.

"One is the Foundation for Hereditary Disease. It's a phenomenal group of scientists who are striving to solve the mysteries of, particularly, Huntington's chorea. It's the premature aging that hits in midlife and is a terrible thing."

"The other is an international relief fund that my husband and I helped to get started, although we are not its founders. It's called Operation U.S.A. They literally are a small but very effective group. My expression is, 'They get in where the big ships can't.' They've done an enormous amount of work all over the world."

When asked what was her greatest fear, what followed was the longest pause of the interview. "It's that awful cliché: it's fear itself. One's constantly dealing with it in every sense: I mean, going on stage, or doing something in life that is difficult or unusual."

Only Julie herself knows what direction her future will take, but the star is definitely in high gear and ready to tackle more challenges.

"I feel I still would like to contribute a great deal," she says. "There's a lot of life in the old girl yet." ★

The Family

continued from page 32

put marriage first, there wouldn't be so many single parents.

A counselor friend gave me an article to read in preparation for today's sermon. I quote:

"For the vast majority of Christians, marriage and family life are the arena where God will chisel away the rough edges. . . . It is the marriage relationship that reveals our hidden flaws and forces us to deal with them if we are to survive and prosper spiritually, psychologically, emotionally."

Marriage and family make up the laboratory where character gets transformed as we discover the breadth, length, height, and depth of true love. In the dance of life, love is not all fun and games, but love does not leave the dance early.

CLUE #3: The family becomes bigger than you think when the church models for the world what it means to be family. Paul concluded his prayer with a doxology in which he says that when the church acts like the church, God does more than anyone can ask or conceive to be possible.

The church, as the Bible tells it, is the institution on which God pins his hopes for the families of this world. Three weeks ago, I heard our Mayor say the same thing!

What can we do? First, if in our family or extended family there is a single parent, we can reach out to that family with intentionality and compassion. Do what my granny and uncles did for me. Second, if there is a family in our neighborhood under stress, then we can try to touch that family in redemptive and helpful ways. Do what the Deal family did for me. Third, the Mayor is specifically asking each congregation to adopt a needy or vulnerable family and assist that family toward self-sufficiency. What is good news to a hungry family? Something to eat. What is good news to a homeless family? A place to lie down. What is good news to a welfare family? A job that will pay enough to take them off the dole. What is good news to a single teenage parent? The acquisition of skills in parenting, nutrition, and relationship-building that will move her to self-reliance. It is only as the church becomes the church that the hurting and needy in our midst discover the reality of God's redeeming love in Jesus Christ. If we, the church, don't live the story, who will?

Several years ago, Federal Judge Luther Youngdahl hopped into a cab to go to his new office in the Treasury building, on which is inscribed this motto from Shakespeare: "The past is prologue." As the cab arrived at the Treasury, the driver pointed to the words on the building. Youngdahl asked him what it meant. The cabby said, "It means you ain't seen nothin' yet."

The plight of the family in our nation and city is frightening. If we do not change our ways, my fear is that the chaos and despair around us will give way to violence and revolution, and the cabby's words will become sadly prophetic: "We ain't seen nothin' yet."

On the other hand, if we, the church, dare to

continued on page 92

The Perfect Squelch

Mr. Bigg, president of the Parent-Teacher Association, sought to rally support for a school bond issue. At the PTA meeting, he outlined an approach to be used in soliciting votes by telephone. Then, as if his audience were dim-witted, he ordered amiable Bob Smiley to "write it up on the blackboard for all to see." Smiley, whom Bigg took pleasure in embarrassing, obligingly chalked up the following gems as Bigg dictated them:

1. "My name is ——."
2. "I am calling in behalf of the PTA about the bond issue."
3. "Are you registered to vote?"

At that point, Bigg obviously forgot his lines and paused. Smiley, who had suffered quietly through Bigg's condescending performance, delighted the meeting by suggesting the next line:

"May I please speak to your daddy?"

—*Susan Cole*

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308 Vinegar Home Remedies for a Longer, Healthier, Happier Life

CHICAGO (Special) - Research from centers around the world report what ancient healers knew thousands of years ago -- *that vinegar is the wonder elixir for a healthier life.*

Since ancient times a daily dose of apple cider vinegar has been taken to control appetite and maintain well-being.

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Today, countless reports and scientific studies praise the curative and preventive powers of vinegar as part of our daily diet.

And now after long research, for the first time, over 300 vinegar super-healing home remedies and recipes have been gathered by noted natural health author Emily Thacker in her exclusive new book, *"The Vinegar Book."*

It's the most complete collection since the discovery of vinegar 10,000 years ago.

You'll learn how to control your appetite to lose weight with a meal-time vinegar cocktail.

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Vinegar is nature's own drug-free anti-inflammatory.

Scientific tests show organic vinegar is a natural storehouse of vitamins and minerals, including beta carotene -- over 93 different components -- to fight what ails you.

More than 70 different research studies have verified that *beta carotene lowers the risk of getting cancer and it boosts the body's immune system.*

When fresh apples are allowed to ferment organically, the result is a vinegar that contains natural sediment with pectin, trace minerals, beneficial bacteria and enzymes.

And pectin helps your body reduce cholesterol levels to lower the risk of cardiovascular disease.

"The Vinegar Book" will amaze and delight you with 308 natural ways to enrich your personal life and home. Time-honored folk remedies that show step by step how to mix vinegar with other kitchen staples to:

- Improve your metabolism
- Aid digestion
- Help lower cholesterol
- Uses for middle ear problems
- Condition problem skin
- Fight age and liver spots
- Gain soft, radiant skin
- Amazing hair treatments
- Relieve nighttime leg cramps
- Soothe sprained muscles
- Fight osteoporosis with calcium
- Help headaches fade away
- Corn and callus relief
- Aid to maintain health
- Skin rashes, athlete's foot
- Relieve insect bites
- Remedy for urinary problems
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- Destroy bacteria in foods
- Heart and circulatory problems
- Fight high blood pressure

And the above is only a brief sample of the 308 uses for vinegar you'll learn about.

You'll know how grandma's recipe for her famous pie crust depends on a spoonful of apple cider vinegar.

How a combination of vinegar and fruit juices relieves arthritis symptoms and other aches and pains.

Try a delicious low calorie, calcium-and-iron rich chicken soup and vinegar recipe.

Combine your favorite herbs with vinegar to create tenderizers, mild laxatives, mouth washes, tension relievers, and mouthwatering tasty salad dressings and more.

Of course, we all know the cleaning power of vinegar. But Emily Thacker's research has uncovered a host of new moneysaving ways to keep your home, laundry, clothing, brass, copper and other possessions sparkling clean. And with less effort.

You'll also delight in making and bottling your own special vinegars. It's so simple to follow Emily's recipes. Homemade vinegars make such wonderful gifts. You could even end up selling your creations to food and gift shops.

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Yes, 308 remedies and recipes are yours to enjoy on a no-risk trial basis for 90 life-improving days. Imagine, three full months without obligation to keep this exclusive, one-of-its kind book.

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NEW TREATMENTS FOR OSTEOPOROSIS

New drugs that prevent further bone loss and increase bone mass may have a major effect on a disease that is reaching epidemic proportions.

by Philip N. Sambrook, M.D.

Osteoporosis is an increasing public health problem, and the costs related to hip fractures alone are expected to double in North America and Europe in the next 25 years. The disorder is characterized by enhanced bone fragility, resulting in an increased risk of fractures, and is usually defined according to the reduction in bone mineral density. Early diagnosis is now possible with the use of precise methods for measuring bone density. Optimal management consists of maximizing peak bone mass in early adulthood and preventing the rapid bone loss that occurs soon after menopause in all women and again much later in some. Treatment to restore bone strength in women with established disease may also reduce the risk of fractures.

Osteoporosis is an ancient disease. The remains of an early Bronze Age woman buried at Unterhautzental, Austria, about 2,000 years ago show signs of bone loss. As today, researchers found women at the site had more bone loss than men.

Internationally, the agents used most widely for the treatment of postmenopausal osteoporosis are calcium, estrogen, calcitonin, fluoride, calcitriol, and an early bisphosphonate, etidronate. In general, these agents can be divided into two categories according to whether they stimulate bone formation or inhibit bone resorption. Fluoride, the only one of these agents that stimulates bone formation, can increase bone density substantially. The effect of fluoride on the risk of fractures has been disappointing, although reanalysis of the data from one large trial showed a protective effect in women who had moderate increases in bone density, and new, slow-release formulations offer promise. In contrast, antiresorptive agents act primarily to prevent further bone loss; bone density usually increases somewhat for a year or two, then plateaus. The administration of calcium can slow bone loss in postmenopausal women and is relatively safe and inexpensive, but calcium generally does not increase bone mass at sites such as the lumbar spine. Estrogen therapy can increase bone density at the lumbar spine in women with postmenopausal osteoporosis, but side effects such as weight gain and breast tenderness decrease compliance among older women, and there is concern about an increased risk of breast cancer in women treated for many years. Calcitonin has a smaller effect on bone mass and is relatively expensive. Unlike calcium, vitamin D analogues, such as calcitriol, can increase lumbar bone mass and decrease the rate of vertebral [spinal] fractures.

Etidronate also increases lumbar bone mass in women with postmenopausal osteoporosis and appears to reduce the rate of vertebral fractures. The agent must be given cyclically, however, to avoid adverse effects on bone mineralization. Alendronate is about 1,000 times more potent, in terms of inhibiting bone resorption, than etidronate and therefore provides effective inhibition of bone resorption at doses that do not affect mineralization. Several other new bisphosphonates, including tiludronate and residronate, are being evaluated in clinical trials.

There are several intriguing aspects of the alendronate study reported by Liberman et al. [November 30, 1995, *New England Journal of Medicine*] Unlike most previous therapeutic trials in women with postmenopausal osteoporosis, which have been limited to women with at least one vertebral fracture at base line, the alendronate study, in which osteoporosis was defined only on the basis of a reduction in bone density, included women without vertebral fractures at base line, as well as those with fractures.

During the study, 3.2 percent of the

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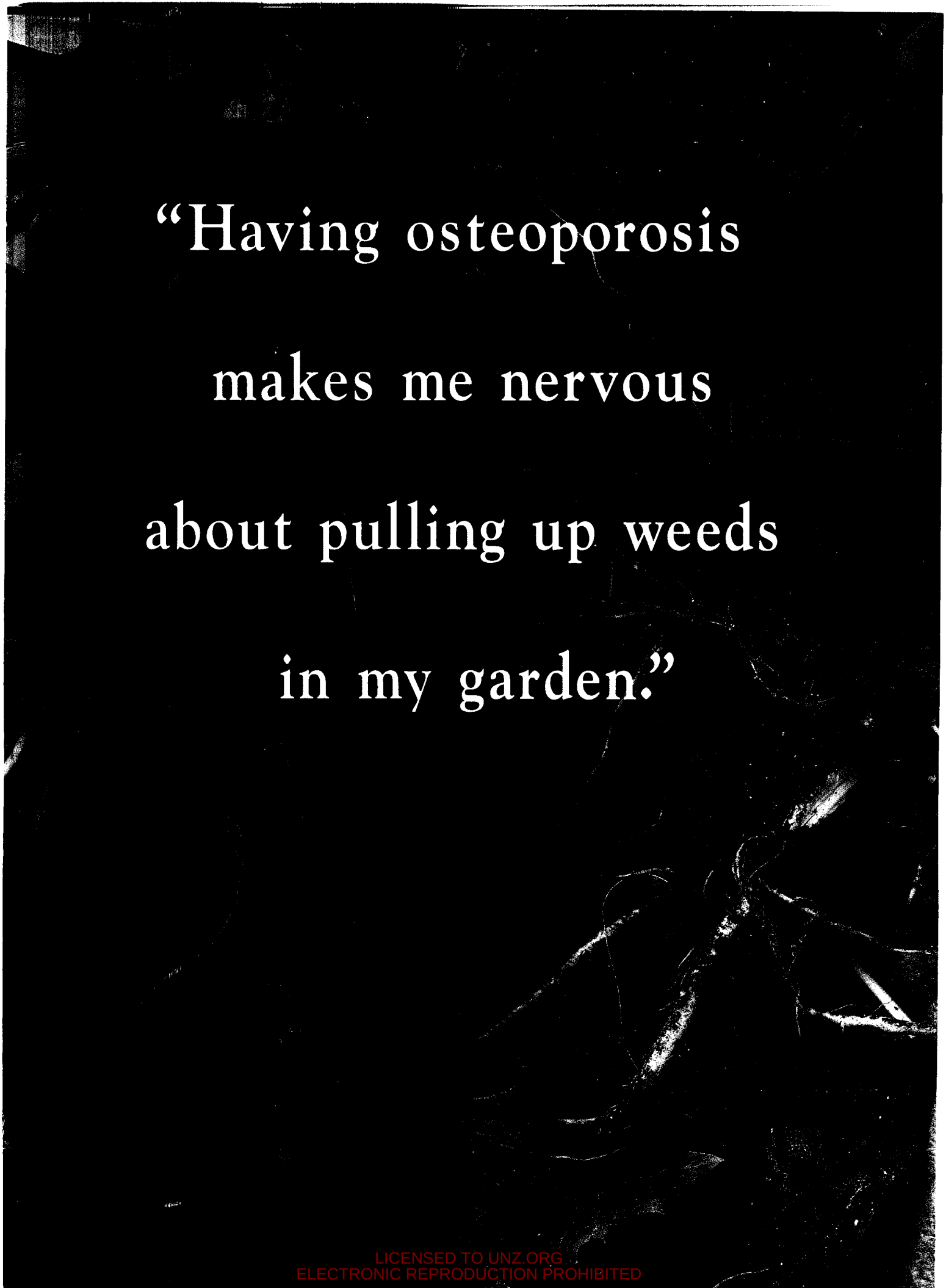

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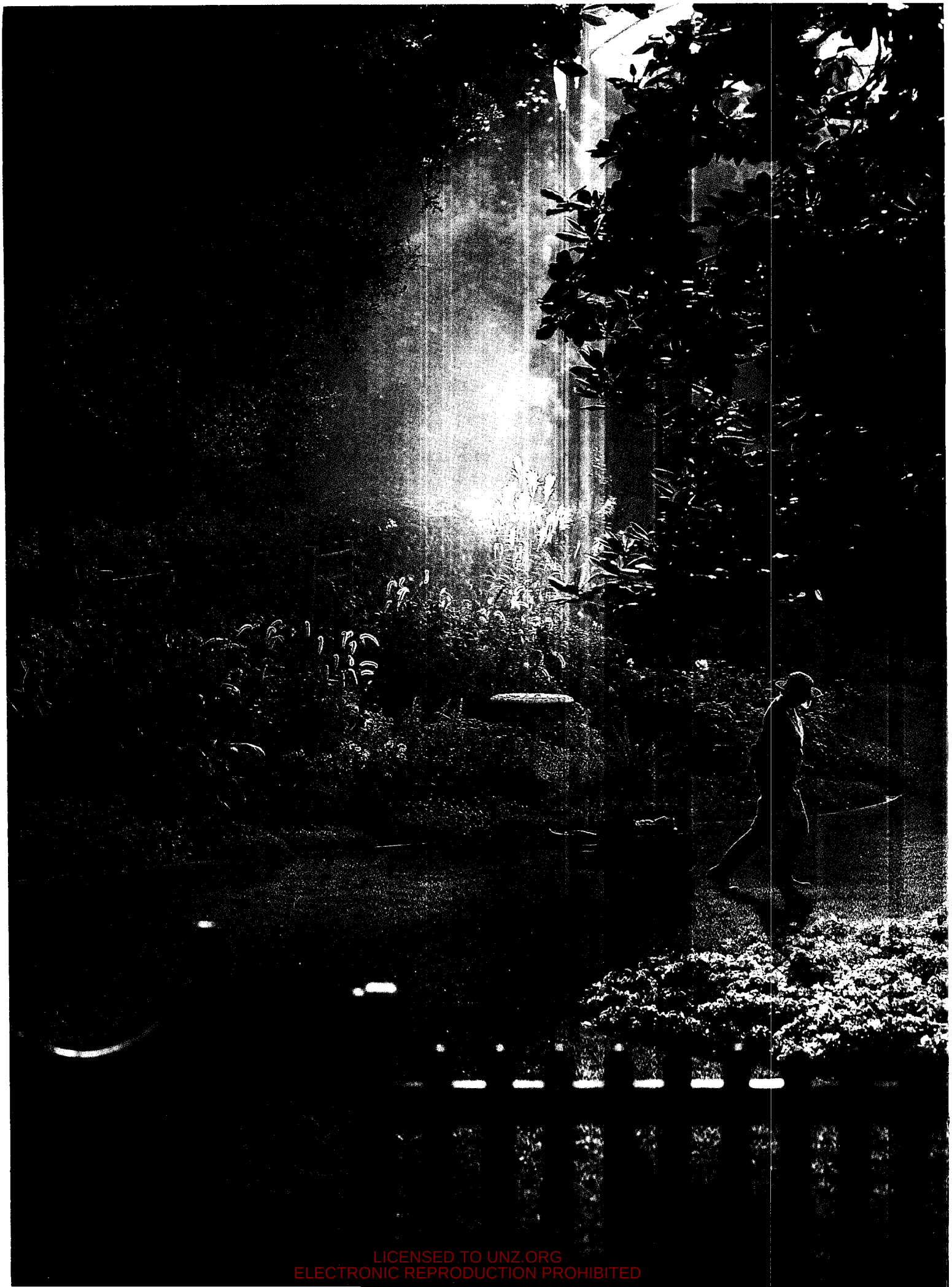

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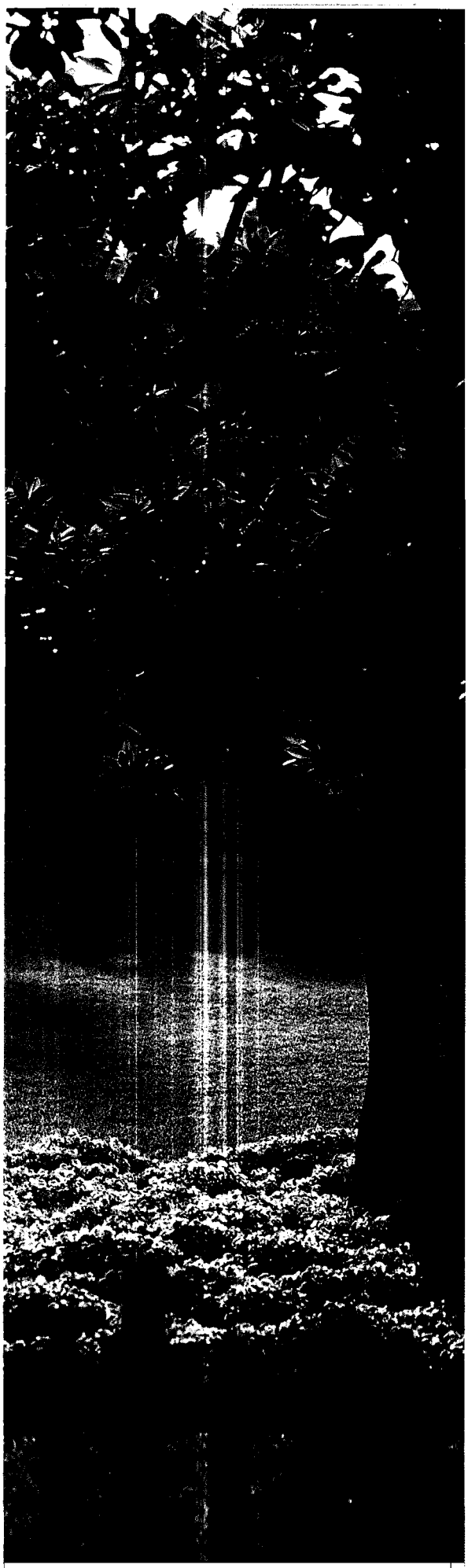

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But if you're like most women with osteoporosis, FOSAMAX could be an exciting new option for you. And a way to build back your bone strength, as well as your confidence.

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DID YOU KNOW?

20 million women in the U.S. have osteoporosis.

COULD YOU BE ONE OF THEM?

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While menopause is a key factor leading to the development of osteoporosis, there are other factors that may add to your risk (even if none of these factors apply to you, you may still have osteoporosis):

• a family history of osteoporosis • Caucasian or Asian descent • thin or small build • smoking • too much alcohol • a previous broken bone that resulted from a minor injury • too little calcium • certain medications such as steroids (commonly used to treat asthma or arthritis) and thyroid hormones (if the dose is too high) • early menopause (before age 45)

The best way to manage your bone health is to work with your doctor, who can recommend evaluation and treatment programs that are best for you.

FOR MORE INFORMATION ABOUT OSTEOPOROSIS, CALL 1 800 567-4425.

FOSAMAX® (alendronate sodium tablets) Patient Information about FOSAMAX® (FOSS-ah-max) for Osteoporosis

Generic name: alendronate sodium (a-LEN-dro-nate)

Please read this information before you start taking FOSAMAX. Also, read the Patient Information leaflet each time you renew your prescription, just in case anything has changed. Remember, the leaflet does not take the place of careful discussions with your doctor. You and your doctor should discuss FOSAMAX when you start taking your medication and at regular checkups.

What is FOSAMAX?

FOSAMAX is for the treatment of osteoporosis (thinning of bone) in women after menopause. You will find more information about osteoporosis at the end of the leaflet.

How does FOSAMAX work?

FOSAMAX works by:

- Reducing the activity of the cells that cause bone loss
- Decreasing the faster rate of bone loss that occurs after menopause
- Increasing the amount of bone in most patients

These effects are seen as soon as three months after therapy with FOSAMAX has begun. These effects continue as long as you keep taking FOSAMAX. The density of bone increases and the bone is less likely to fracture. Thus, FOSAMAX reverses the progression of osteoporosis.

How should I take FOSAMAX?

There are six important things you must do to help make sure you will benefit from FOSAMAX:

1. Take FOSAMAX once a day, every day.
2. Take FOSAMAX first thing in the morning with plain water only.
   Not mineral water
   Not coffee or tea
   Not juice
   FOSAMAX is effective only if taken when your stomach is empty.
3. Take FOSAMAX at least 30 minutes before your first meal, beverage, or any other medication including antacids, calcium supplements and vitamins.
   Waiting for less than 30 minutes or taking FOSAMAX with food, beverages other than plain water, or other medications will lessen the effect of FOSAMAX by interfering with its absorption into the body. Waiting longer than 30 minutes will improve the absorption of FOSAMAX.
4. Take 1 tablet with a full glass (6-8 oz.) of plain water. Do not lie down for at least 30 minutes after taking FOSAMAX.
   These actions will help the FOSAMAX tablet reach your stomach quickly and help avoid irritation of your esophagus (the tube that connects your mouth with your stomach).
5. It is important that you continue taking FOSAMAX for as long as your doctor prescribes it. FOSAMAX can treat your osteoporosis only if you continue to take it.
6. If you miss a dose do not take it later in the day. Continue your usual schedule of 1 tablet once a day the next morning.

Who should not take FOSAMAX?

Patients with:

- Low levels of calcium in their blood
- Severe kidney disease
- Allergy to FOSAMAX

Patients who are:

- Pregnant or Nursing

FOSAMAX is for use by women after menopause. If you are pregnant or nursing, you should not be taking FOSAMAX. Talk to your doctor.

What other medical problems should I discuss with my doctor?

Talk to your doctor about any:

- Problems with swallowing
- Stomach or digestive problems
- Other medical problems you have or have had in the past

What are the possible side effects of FOSAMAX?

Like all prescription drugs, FOSAMAX may cause side effects. Side effects usually have been mild. They generally have not caused patients to stop taking FOSAMAX.

Some patients treated with FOSAMAX in clinical studies experienced abdominal (stomach) pain, which was the most commonly reported side effect. Less frequently reported were other digestive disturbances such as:

Nausea, heartburn, irritation or pain of the esophagus (the tube that connects your mouth with your stomach), vomiting, difficulty swallowing, a full or bloated feeling in the stomach, constipation, diarrhea and gas.

Muscle/bone pain, headache, or an altered sense of taste were also experienced by some patients. Rarely, a rash has occurred.

Any time you have a medical problem you think may be related to FOSAMAX, talk to your doctor.

What should I know about osteoporosis?

Normally your bones are being rebuilt all the time. First, old bone is removed (resorbed). Then new bone is formed. This balanced process of resorbing and forming bone keeps your skeleton healthy and strong.

Osteoporosis is a thinning and weakening of the bones. It is common in women after menopause. Menopause happens when the ovaries stop producing the female hormone, estrogen, or are removed (which may occur, for example, at the time of a hysterectomy). After menopause, bone is removed faster than it is formed, so bone loss occurs and bones become weaker.

At the start osteoporosis usually has no symptoms, but it can result in fractures (broken bones). Fractures usually cause pain. Fractures of the bones of the spine may not be painful, but over time they cause height loss. Eventually the spine becomes curved and the body becomes bent over. Fractures may happen during normal, everyday activity, such as lifting, or from minor injury that would normally not cause bone to break. Fractures most often occur at the hip, spine, or wrist. This can lead to pain, severe disability, or loss of mobility.

How can osteoporosis in postmenopausal women be treated?

- **Medication.** Your doctor may prescribe FOSAMAX.
- **Lifestyle changes.** In addition to FOSAMAX, your doctor may recommend one or more of the following lifestyle changes:
  - **Stop smoking.** Smoking appears to increase the risk of osteoporosis.
  - **Reduce the use of alcohol.** Too much alcohol appears to increase the risk of osteoporosis and injuries that may cause fractures.
  - **Exercise regularly.** Like muscles, bones need exercise to stay strong and healthy. Exercise must be safe to prevent injuries including fractures. You should consult your doctor before you begin any exercise program.
  - **Eat a balanced diet.** Adequate dietary calcium is important to patients with osteoporosis. Your doctor can advise you whether you need to change your diet or take any dietary supplements such as calcium or vitamin D.

This medication is prescribed for a particular condition. Do not use it for another condition or give the drug to others. Keep FOSAMAX and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, contact your local poison control center or emergency room immediately.

The Patient Information leaflet provides a summary of information about FOSAMAX. If you have any questions or concerns about either FOSAMAX or osteoporosis, talk to your doctor. In addition, talk to your pharmacist or other health care provider.

MERCK & CO., INC. Issued September 1995 West Point, PA 19486, USA

FOSAMAX®

(alendronate sodium tablets)

MERCK

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New Treatments

continued from page 74

women treated with alendronate had new vertebral fractures, as compared with 6.2 percent in the placebo group, and the effect appeared to be greatest in the women who were 65 or older or had previous vertebral fractures. There was also a trend toward a reduction in nonvertebral fractures in the alendronate group. Whether the rates of nonvertebral fractures will decrease significantly remains to be determined and is particularly important, because the overall incidence of nonvertebral osteoporotic fractures is higher than that of vertebral fractures.

The low incidence of adverse events suggests that alendronate has a favorable safety profile, but because bisphosphonates accumulate in the skeleton for prolonged periods, long-term safety remains an important question. Other questions, such as the long-term effect of the new bisphosphonates on bone turnover and mechanical strength, also remain to be answered.

The key question may be whether bisphosphonates such as alendronate are superior to other antiresorptive agents used to treat women with postmenopausal osteoporosis. When treated women were compared with women receiving placebo, lumbar bone density was 5 percent higher after one year of treatment with estrogen and 2 percent and 6 percent higher after two years of treatment with calcitonin and calcitriol, respectively. An initial increase in bone mass can be due to the filling of bone spaces that are undergoing remodeling, which makes the interpretation of short-term studies difficult. In the study by Liberman et al., which provides data on three years of treatment, sustained increases in bone density in the women receiving 10 mg of alendronate were evident in each year, including the third, which is surprising for an antiresoprtive agent. This finding suggests that some reversal of osteoporosis may be possible in the long term with the 10-mg dose. Since the effect on bone density appeared to reach a plateau with the other doses (5 mg and 20 mg followed by 5 mg), continued treatment is likely to be necessary to maintain this benefit, and bone loss may well resume after the treatment has been stopped. To establish the superior efficacy of drugs such as

continued on following page

Boning up with Exercise

Strength training can reduce risk of osteoporosis.

Months after Miriam Nelson's study made national headlines, her Tufts University office was still being flooded with calls and letters from women hungry for advice on how strength training can help them avoid osteoporosis.

"The reaction has been overwhelming," says the physiologist, whose research, published in the *Journal of the American Medical Association*, showed that twice-weekly strength-training sessions helped postmenopausal women preserve bone density while improving muscle mass, strength, and balance. "One of the things people are most afraid of is becoming frail and weak and having fractures," she says. "Baby boomers are seeing their mothers and aunts becoming debilitated, and they want to help these relatives and help themselves."

More than 25 million Americans, 80 percent of them women, have osteoporosis, a bone-weakening disease that leads to more than 1.5 million fractures each year. Older women are at greatest risk, since the decrease in estrogen production at menopause typically results in bone loss. For this reason, Nelson notes, "there's a lot of pressure in the medical community for women to go on estrogen." But concern about potential side effects of hormone replacement therapy has left many of them looking for alternatives.

Nelson notes that even frail elderly with chronic diseases have boosted strength and functioning after working out with weights. "Not only does strength training have a very potent effect on bones, but it can improve balance, muscle strength, and activity levels, all of which make people less likely to fall and get a fracture."

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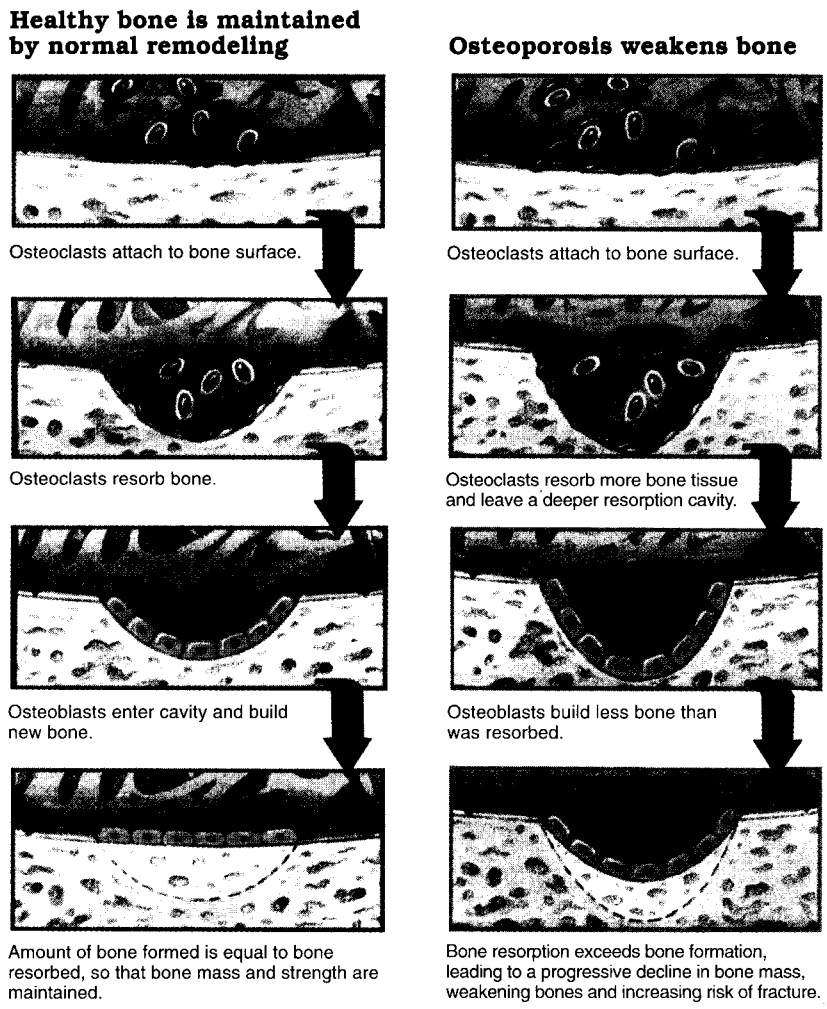
Healthy bone is maintained by normal remodeling
Osteoclasts attach to bone surface.
Osteoclasts resorb bone.
Osteoblasts enter cavity and build new bone.
Amount of bone formed is equal to bone resorbed, so that bone mass and strength are maintained.
Osteoporosis weakens bone
Osteoclasts attach to bone surface.
Osteoclasts resorb more bone tissue and leave a deeper resorption cavity.
Osteoblasts build less bone than was resorbed.
Bone resorption exceeds bone formation, leading to a progressive decline in bone mass, weakening bones and increasing risk of fracture.

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New Treatments for Osteoporosis

continued from page 79

alendronate in comparison with currently available treatments will require randomized clinical trials.

It has generally been considered more difficult to restore bone mass in women with established osteoporosis than to prevent its loss. Drugs such as alendronate that can not only prevent further bone loss but also increase bone mass should have a major effect on a disease that may reach epidemic proportions during the next several decades. ■

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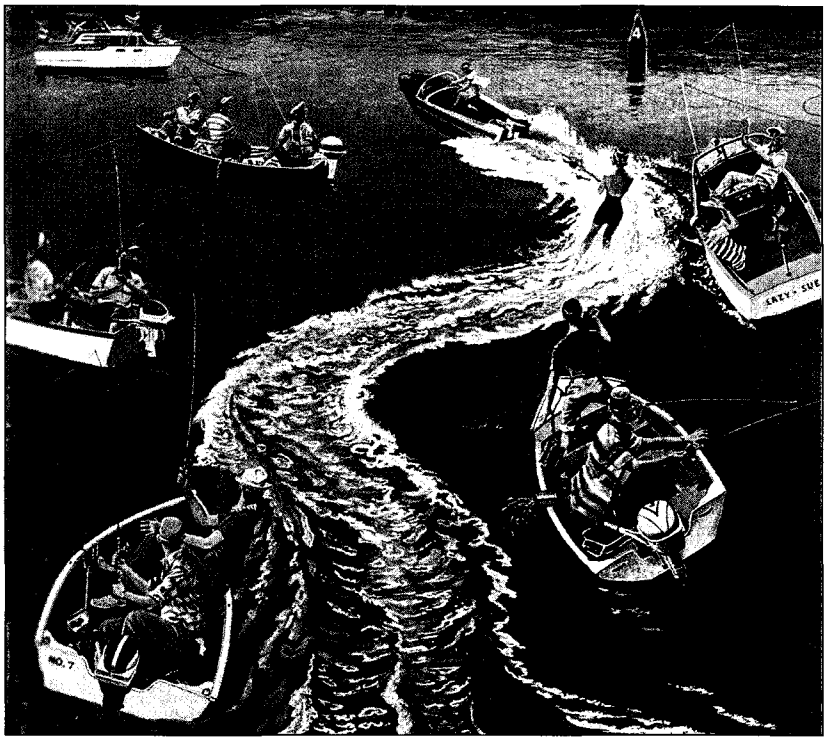

Can you name this picture?

. . . contest: *The Saturday Evening Post* will award $100 to the author of the winning limerick for this picture. Your limerick must contain exactly five lines.

Send your entry on a postcard. Entries will not be returned. Enter as many times as you wish.

Send entries to: Limerick Contest, *The Saturday Evening Post*, 1100 Waterway Blvd., Indianapolis, IN 46202.

All eligible limerick entries must be postmarked by June 22, 1996.

The winner of the May/June 1996 contest will be announced in the Sept./Oct. 1996 issue.

Our congratulations and a check for $100 go to Barbara Harlan of Windber, Pennsylvania, for the winning entry in our Jan./Feb. 1996 caption contest.

I've really been feeling quite down,
And lying in bed with a frown.
I'd be feeling more hearty
If I could just join the party,
But there's no back to my hospital gown!

Boning Up With Exercise

continued from page 79

Nelson's study involved 39 sedentary women aged 50 to 70 who were not on estrogen therapy or other medications affecting bone density. Twenty women began a program of high-intensity strength-training sessions that lasted about 40 minutes twice a week, while 19 women remained sedentary. After one year, the weight trainers gained one percent in bone density, while the sedentary group lost 2.5 percent. Balance improved by 14 percent among the exercisers, compared with a 9 percent decline in the control group. And spontaneous physical activity increased by almost 27 percent among weight trainers; sedentary women decreased activity by about that same amount.

"After one year of strength training, these women emerged physiologically younger by 15 to 20 years," Nelson says. "They started walking, gardening, canoeing, carrying two large grocery bags at a time instead of one small one."

But some experts caution that exercise should not be viewed as a substitute for hormone replacement therapy at the time of menopause.

"There is a very strong tendency to lose bone when estrogen is shut down in menopause," says Gail Dalsky, assistant professor of medicine at the University of Connecticut Health Center. Her recommendation, "particularly for someone who already has low bone mass, is to consider exercise and calcium as adjunct therapies" along with hormones or other medications that increase bone density.

The effect exercise has on bones may vary according to age, hormonal status, nutrition, and exercises performed, the American College of Sports Medicine notes. "Sedentary women may increase bone mass slightly by becoming more active, but the primary benefit . . . may be in avoiding the further loss of bone that occurs with inactivity."

Women and men who want to strengthen bones and muscles should:

- Perform eight to ten strength-training exercises involving the body's major muscle groups two to three times a week. Choose a weight you can lift at least eight but no more than ten times.
- Get instruction from a qualified

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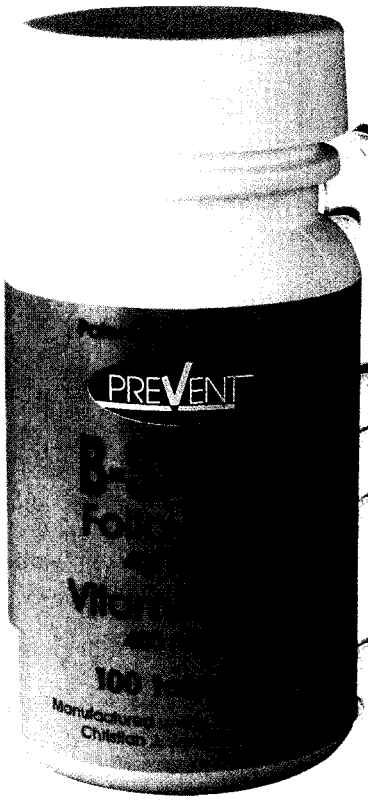
For Your Heart



- The folate in the heart-shaped B-Safe helps lower high homocysteine levels that are associated with strokes and heart attacks.
- Deep-vein thrombosis (a dangerous blood clot) is also associated with high blood homocysteine levels, according to a Netherlands study reported in the March 21 *New England Journal of Medicine.*
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A HOUSE BUILT ON ROCK

Cleveland's imposing Hall of Fame and Museum is a show-and-tell glass "tent" that plays the soundtrack of our lives.

by Charles P. Miller

Fans waited a decade for the industry to build it. The 360,000 visitors who passed through the turnstiles of Cleveland's Rock and Roll Hall of Fame and Museum the first four months sometimes waited in line to see the treasures inside. Even on a slow winter weekend, receptionist Bernazil Paschal fielded as many as 700 phone inquiries every half hour.

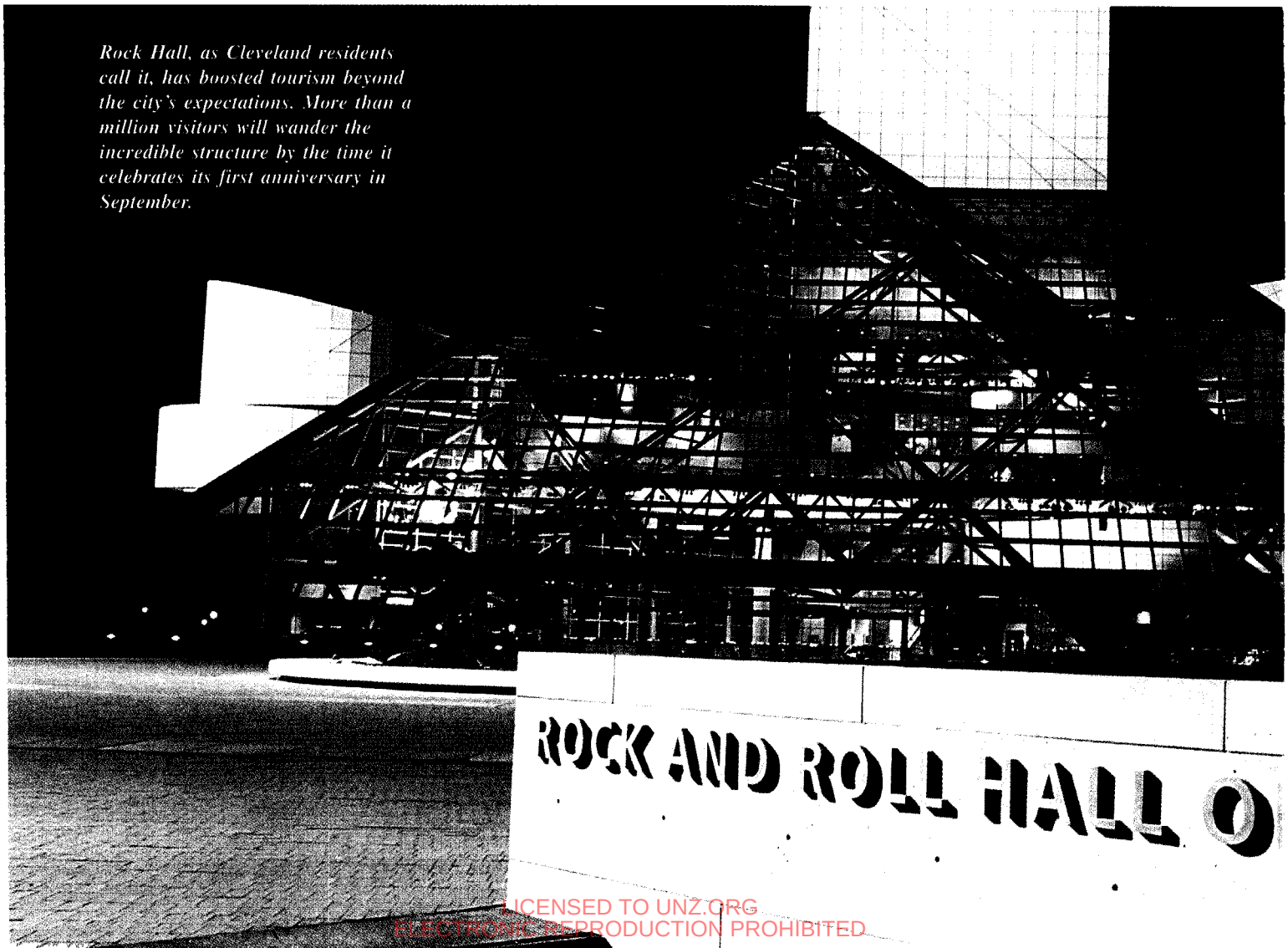
"And that's down from the 2,500 calls we got every 30 minutes when we first opened. I can only go so fast. I get confused," she says, gasping between rings. "After a few hundred calls I sometimes accidentally call the museum by different names: 'Hello, this is the Roll Museum and Rock of Fame. May I help you?' "

By any name, the place is worth the wait.

A triangular glass tent attached to a seven-story tower on the Lake Erie shoreline, the museum offers something for everyone—from hipsters who rocked around the clock with Bill Haley and his Comets to surfers who picked up good vibrations from the Beach Boys. Seven of every ten visitors are middle-aged adults, but the museum entertains its share of preteens and senior citizens.

"Why would a 50-year-old want to come to the museum?" asks Tim Moore, the museum's director of communications and public relations. "Because they were the teenagers when rock-'n'-roll started. This will bring them back to those days. Dick Clark was right when he said we have created a soundtrack to their lives."

Exhibits depict the story of rock-'n'-roll and the people who wrote it. Touch-screen computers, rare video footage, artifacts from musicians, and candid photographs guide visitors through the evolution of rock-'n'-roll. Some take you there. For example, riding the escalator up to the third floor seems like a flight to Memphis. Almost the entire Sun Records studio—where Elvis got his start—sits on display. Sun founder Sam Phillips loaned the museum the recording equipment that captured



Rock Hall, as Cleveland residents call it, has boosted tourism beyond the city's expectations. More than a million visitors will wander the incredible structure by the time it celebrates its first anniversary in September.

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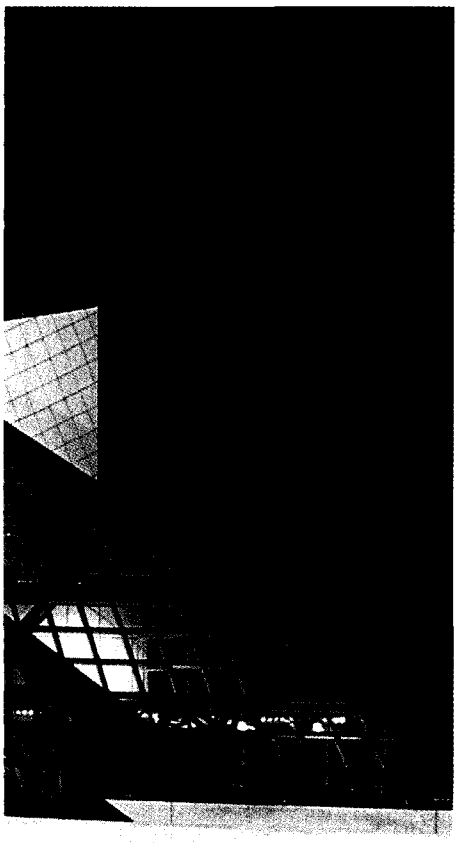
"That's All Right, Mama" (his first single) and the piano that endured Jerry Lee Lewis' fingers pounding out "Great Balls of Fire."

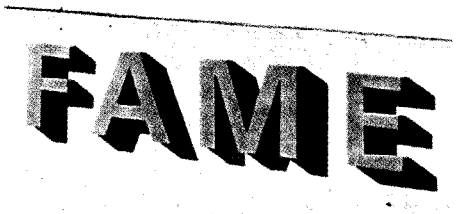
The treasures had sat in Phillips' home since he sold Sun Records in 1969. Many tried but failed to get their hands on these relics. The Smithsonian tried, as did the Hard Rock Cafe. It took curator Jim Henke eight trips to Memphis to persuade Phillips to choose Cleveland. At the museum's Labor Day opening, Phillips saw his exhibit for the first time. "It looks as though you just picked it up and dropped it into the museum," he said.

That's what gives the Rock and Roll Museum its charm—everything in it is authentic, mostly donated by the musicians or their families. An Elvis mannequin wears the black leather outfit the King wore during his 1968 "comeback" TV special. The Rickenbacker guitar John Lennon played at New York's Shea Stadium stands near one of his report cards

PHOTOS: NICHOLAS LISI

Exhibits trace performers' lives from childhood through stardom. A tribute to Otis Redding not only contains trappings of his fame but also parts of the plane recovered from the site of the crash that ended his life in 1967.





(his Latin teacher rated him "hopeless"). Johnny Cash's black ankle boots lay near a 1958 contract for Carl Perkins to perform in a Missouri high-school gym. Jim Morrison's Cub Scout uniform hangs above a glass case that includes his birth certificate and a $95 hospital bill for his delivery. A penmanship exercise from elementary school that reads "I love you, Mother. I love you, Mother. James." rests near Morrison's UCLA diploma and his

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Tuning Into The Art & Soul

I.M. Pei admits he knew nothing about rock-'n'-roll when he was commissioned to design the Rock and Roll Hall of Fame and Museum in Cleveland. But he could learn, decided several members of the museum's board of directors, who promptly set out to make Pei a rock-'n'-roll convert.

First stop was Memphis to see Graceland, Elvis Presley's famed mansion. From there they showed him Bourbon Street in New Orleans. Then it was on to New York to attend a few rock concerts. At some point along the way he got the picture—rock-'n'-roll is all about energy.

The internationally acclaimed architect then created a state-of-the-art structure of bold geometric forms anchored by a 162-foot tower that supports a dual-triangular glass pyramid. He designed it so exhibition space starts below ground level and spirals to the top. The Hall of Fame sits at the pinnacle of the pyramid. Like rock-'n'-roll, it's trendy, it stirs emotions, it's energetic, and it's art.

"In designing this building, it was my intention to echo the energy of rock-'n'-roll," Pei says. "I have consciously used an architectural vocabulary that is bold and new, and I hope the building will become a dramatic landmark for Cleveland and music fans around the world."

Cleveland couldn't have hired a more respected architect for the $92 million project. He has designed almost 50 projects in the United States and abroad, such as the John F. Kennedy Library in Boston, the National Gallery of Art's East Building in Washington, and the expansion of the Louvre in Paris. His contributions to his field have earned him dozens of honors, including the Medal of Liberty from former President Ronald Reagan and the Medal of Freedom from former President George Bush.

—— *Patrick A. Lakamp*

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CARIBBEAN FOR KIDS

The family-friendly resort comes complete with supernannies, a petting zoo, and educational computer games.

by Loriann Hoff Oberlin

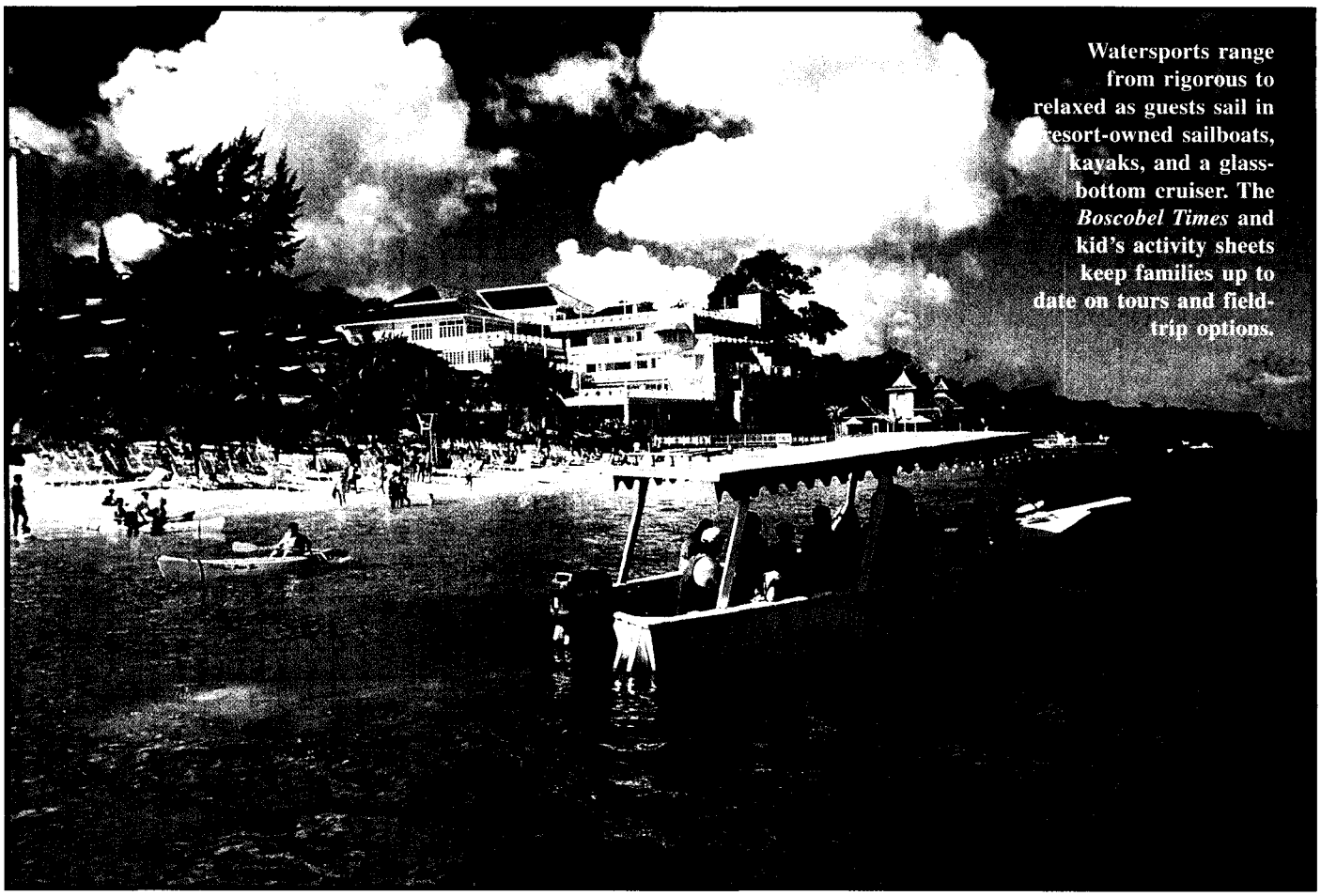
Upon our arrival in Jamaica, six-year-old Andy was quick to catch on to the island's favorite phrase. "No problem, mon," he'd reply to every question and comment directed his way. And at Boscobel Beach—the SuperClub for family fun—that's exactly the attitude.

Few resorts in the Caribbean cater to families with young children. But Boscobel, with its all-inclusive concept, is an exception. Even the two-hour bus ride from Montego Bay is part of the fun, thanks to complimentary drinks before boarding and a five-minute stretch break enroute. To experience the ambiance is a treat for anyone who comes to the Caribbean to kick back. For a six-year-old, that means hunting for shells and pirate treasures along the beach, learning reggae in the disco, and tie-dyeing T-shirts in the arts and crafts room. Toddlers play in the sand under the watchful eye of Jamaican supernannies, trained nursery attendants who look after their charges' every need.

Calling itself the "Country Club By The Sea," Boscobel Beach is situated on a private bay ten miles east of Ocho Rios. Everything is included—meals, drinks, watersports, equipment and instruction, entertainment, accommodations, and airport transfers. In fact, you can lock up your wallets in the room safe and never need them again, except for gift shop purchases, hair braids, and babysitting. But even those expenses are reasonable.

For children older than infants, organized activities are free until 10:00 p.m. Youth counselors supervise the teen room with its jukebox, big-screen TV, and educational computer games. All guest rooms come with pull-out sofas for the kids, and cribs are available upon request. Amenities include well-stocked refrigerators, hair dryers, radios, color televisions with cable, and telephones. Many rooms have private terraces overlooking the calm Caribbean Sea or the lush green Jamaican landscape.

Use the many ramps installed throughout the property to push strollers along and begin your tour. Steps from the beach, you find the boardwalk that houses the beach bar and grill, watersports desk, gym, skin-care center, billiard room, table tennis, arts



Watersports range from rigorous to relaxed as guests sail in resort-owned sailboats, kayaks, and a glass-bottom cruiser. The *Boscobel Times* and kid's activity sheets keep families up to date on tours and field-trip options.

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and crafts center, and games arcade. The latter is a real hit with kids because no tokens or quarters are required.

Take a beach elevator to the roof, walk to the pool, and discover the barbecue park. Big Bird, Minnie, and Mickey look on as parents feed their children and grab a quick bite themselves. The fare here is simple, yet more diverse than the menu offered on the beach. A typical dinner might include escoveitch fish, ziti pasta and sauce, salads, fruit, and desserts. A few yards from the picnic tables are the swings, four lighted tennis courts, and the mini-petting zoo.

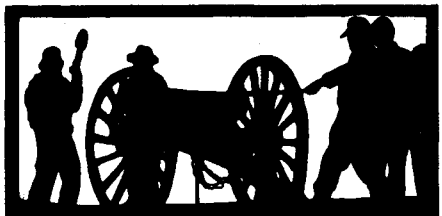
For active families, Boscobel offers daily bicycle tours, banana-boat rides, water ski instruction, windsurfing, snorkeling, and catamaran sailing. For serious scuba divers, there is PADI certification ($300 and four days of intensive diving). People yearning for additional Jamaican scenery can climb the rocks at nearby Dunn's River Falls, bargain with the natives on a shopping excursion, or putt on the greens of SuperClubs Golf Club (40 minutes away at Runaway Bay)—again, all part of the resort's all-inclusive package. Guests are encouraged to sign up a day ahead just to be sure. Spring break and holiday weeks bring more crowds, and the wait tends to be longer.

The active lifestyle justifies abundant meals. Continental breakfast comes to your room each morning, but there's also a buffet to tempt you to eat twice. Theme buffets are served each evening in the main pavilion, followed by local entertainment. On Jamaican night, choices include jerk chicken, rice and peas, akee and saltfish, fresh papaya, and hot sauces that live up to the name. With several adults-only settings, those traveling without children shouldn't feel out of place. Still, if it's couples-only time you want, don't come to Boscobel. There are other all-inclusive resorts that cater to adults. Kids, here, are never far away.

Boscobel has everything a family could need—sand and pool toys, diapers, formula, baby food, sunscreen, and a nurse and doctor on call. For us, a working couple with two active boys, the resort delivered exactly the vacation we had in mind. We had time alone as a couple, time to pursue individual activities, and time to create memories we'll treasure as a family. My guys all want to return. To that, I now say, "Yeah, mon, no problem."

TRAVEL DIRECTORY

PENNSYLVANIA



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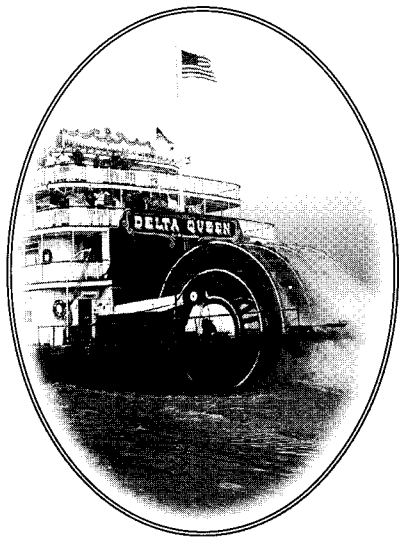

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A House Built on Rock

continued from page 83

death certificate.

Before the museum opened, experts predicted fans would need 2½ hours to wander through the 150,000-square-foot musical history lesson. That would be quite a sprint, unless you're interested only in trivia. The average stay is closer to four hours. Some visitors need more than a day. What keeps them there? For some, it's staring in awe at 75 legendary guitars. Others absorb the handwritten lyrics to some of the most influential rock songs scribbled by their authors. Paul Simon's "Slip Slidin' Away," the Beatles' "All You Need Is Love," and Chuck Berry's "School Days" are among dozens.

The museum averages 3,000 visitors a day. To maintain an atmosphere that is clubby, not crowded, the museum sells tickets by time and day. That keeps everyone from arriving at the same time. "You can go to Ticketmaster and buy a ticket for August 22 at 2:00 p.m.," Moore explains. "By having the timed admission, everyone can see everything without an enormous crowd." That also means the museum sometimes sells out. But it does keep crowds from jamming inside the interactive exhibits.

The exhibit called "500 Songs That Shaped Rock and Roll," maybe the world's greatest jukebox, draws the most attention—and it doesn't even take quarters. Just put on the headphones and touch the screen to hear a song from any era or favorite artist. Tap the icon for the 1930s, and a dozen pictures appear. Touch the Ink Spots and listen to "If I Didn't Care" in digital stereo. During the song, the computer treats listeners to a visual biography of the quartet and facts about the 1939 hit song.

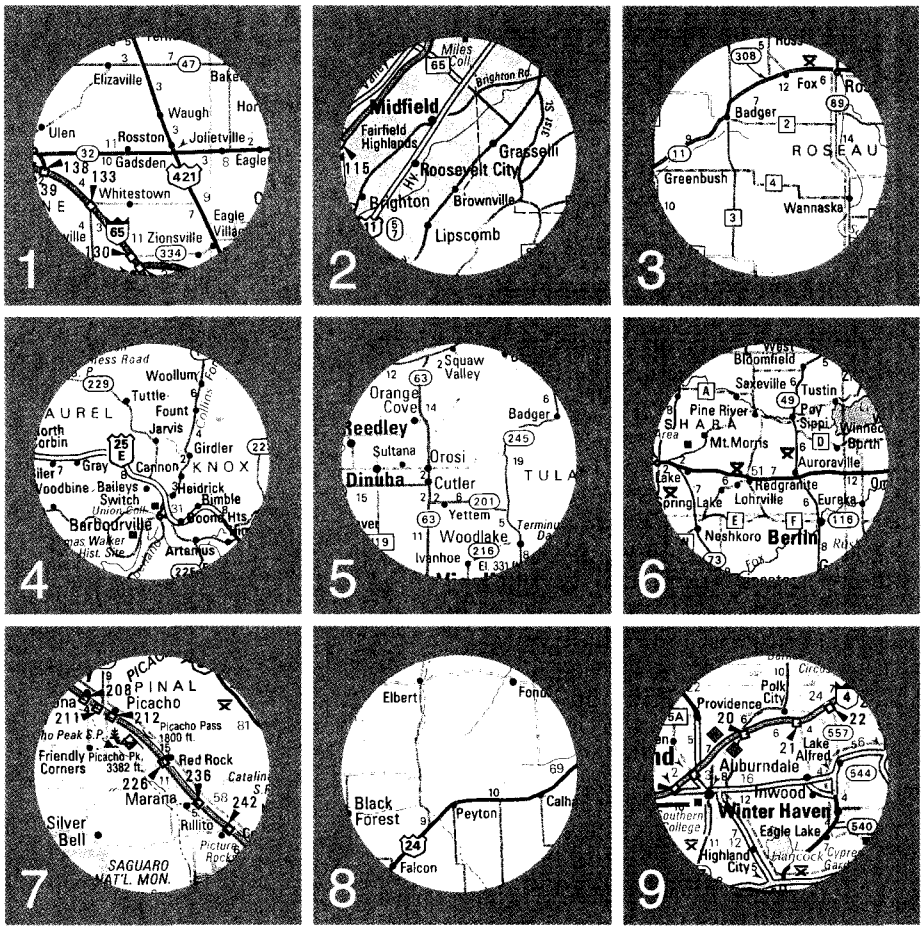
Cramming in all the favorites among the 500 songs can cost hours. TV sports broadcaster Bob Costas stopped by the museum before a Cleveland Cavaliers game recently. He stopped at the computerized exhibit and got lost in the 1960s. As he traveled through time, time traveled on. He listened to Mitch Ryder and the Detroit Wheels sing "Devil With a Blue Dress On/Good Golly Miss Molly" before realizing he was ten minutes late for the Cavaliers' practice. He shrugged and put the headphones back on. If the Cavaliers or Indians spot some empty seats at future games, blame the museum. Music writers plan to add another 500 songs to the list.

Who can fault the receptionist for sometimes jumbling the name of this contemporary landmark? The museum crams musical history onto six floors, making it easy to forget about the Hall of Fame. The darkened, quiet shrine sits atop a spiral staircase on the seventh floor. The only light comes from behind illuminated glass panels etched with the names and signatures of 122 inductees. Subtle but powerful.

The Hall of Fame started ten years before the building opened. A committee of historians, musicians, and industry leaders nominates musicians who released a record at least 25 years ago. The movers and shakers in the industry then cast their votes.

For the Rock and Roll Hall of Fame and Museum, this is a lot of territory to cover: from Elvis, the Beatles, and the Rolling Stones in the early days to Madonna, Bruce Springsteen, and the Rolling Stones of today. Modern superstars are accorded their share of the spotlight. Michael Jackson's black penny loafers and sequined glove are on display. So are Madonna's outfits, what little there is of them. It's not just the music or the fashion the museum preserves. It's the news of the day, the politics, the protest, and the culture. It'll be the museum's role during future decades of rock'n'roll to define how Michael Jackson and Madonna place in today's world. Will they even be inducted into the Rock and Roll Hall of Fame?

We'll just have to wait. ▲



© AAA National Travel

Where do you think you are?

East or West, North or South, each of the distinctive areas above appears on the map of a single city, state, or province. In terms of routes, state parks, mountains, and memorials, there is, as the saying goes, "no place like it." Can you identify these locations? If you find the game too easy (but you won't), try to guess the theme of this month's map game.

(Answers on page 92)

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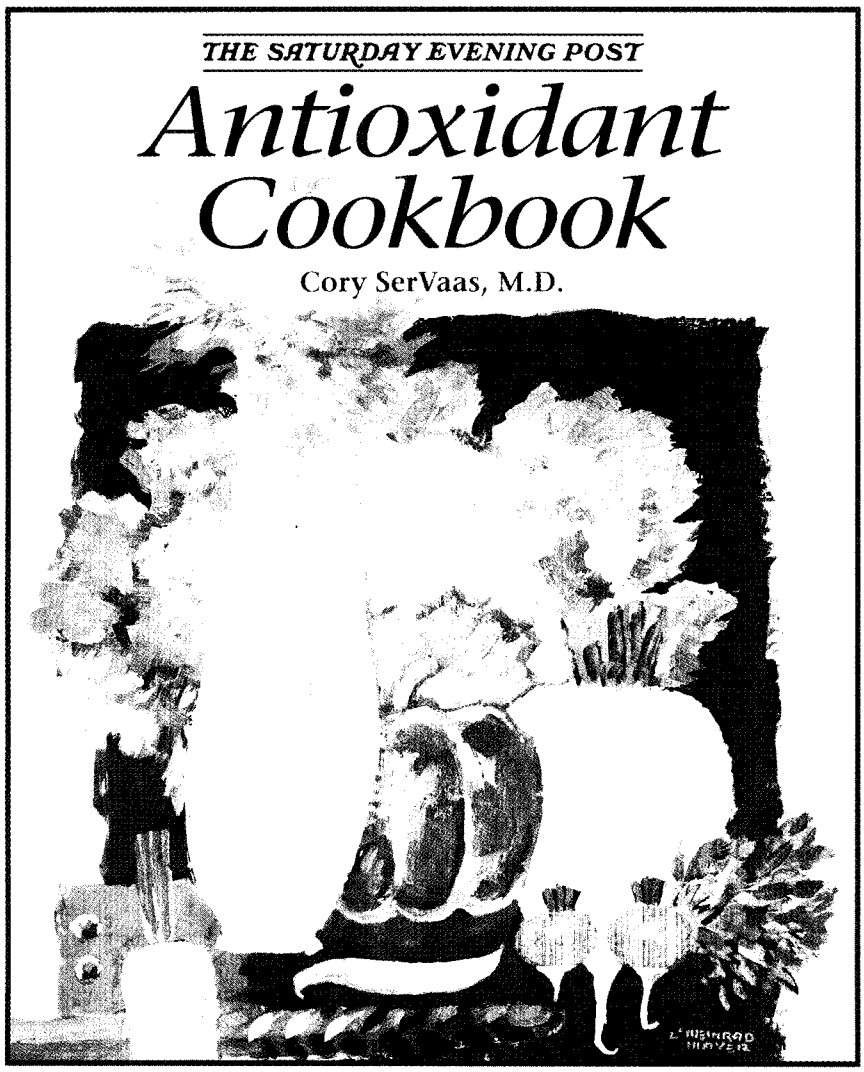

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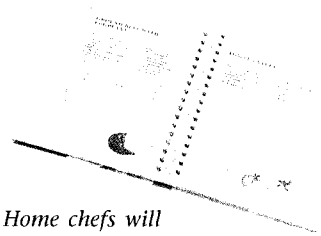

Home chefs will love the easy-to-use, ***208-page*** *hardback,* ***spiral-bound*** *cookbook filled with great recipes.*

THE SATURDAY EVENING POST

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MEDICAL MAILBOX

by Cory SerVaas M.D.

"A disease also is farther on the road to being cured when it breaks forth from concealment and manifests its power."—*Lucius Annaeus Seneca*

Brain Imaging and Alzheimer's Disease

A brain imaging technique can dramatically reveal brain changes in Alzheimer's victims and possibly provide a useful tool for early detection and evaluation of this devastating disease.

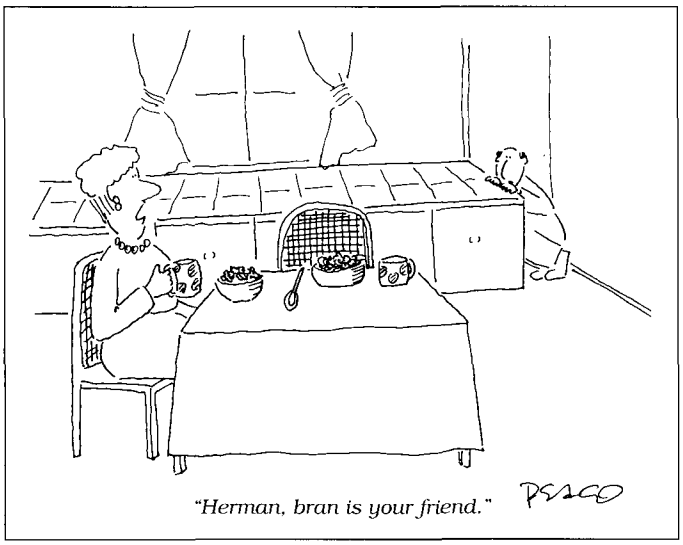
"PET is the gold standard in looking at brain metabolism," explains Dr. Vince Mathews, chief of neuroradiology, Indiana University Medical Center. "PET stands for positron emission tomography. It's looking at the function of the cells, whereas a standard MRI, or magnetic resonance imaging, is looking at anatomy, just the structure of the brain itself."

PET (positron emission tomography) scans use harmless radioactive isotopes to determine how the brain utilizes glucose. More active areas of the brain use more glucose and appear more brightly colored on the scan. Brain scans of a normal 66-year-old (left) and a 41-year-old with Alzheimer's disease (right) show marked differences in brain activity.

Alzheimer's disease, first identified by Dr. Alois Alzheimer 90 years ago, currently afflicts four million people in the United States. Victims experience rapid memory loss and changes in personality, mood, and behavior. Judgment, concentration, speech, and physical coordination may also be impaired.

In a recent study at the University of California at Los Angeles, researchers performed PET scans on volunteers with a parent or sibling with Alzheimer's. The participants in the study also expressed concern about mild problems, such as misplacing household objects. Three years later, the tests were repeated. In those who had undergone rapid mental deterioration, PET scans tracked a systematic rippling of diminished brain activity beginning at the crown, spreading down either side and the back of the brain, then to the front, just behind the temples. Finally, the decreased brain activity reached the prefrontal cortex behind the forehead, the critical area involved in decision making and planning.

Researchers say it is too early to put the PET scan method into routine use. But the scans may one day be offered to people who have the disease in their family, or who know they carry the newly discovered genetic marker for susceptibility to Alzheimer's. PET scans may offer a way of discriminating normal brain changes typical of aging from those associated with Alzheimer's disease.



"Herman, bran is your friend."

Recurrent Eye Twitch

Dear Dr. SerVaas:

In approximately 1982, I developed a twitch under my right eye which never stopped until 1985. I have no idea what caused the twitch, although I was in a very stressful relationship for most of that time and for several years preceding it. My attempts to find a doctor to help me were unsuccessful.

From 1985 to present, my life has been pretty much stress-free. Last month, the twitch returned exactly as before. This twitch is not only annoying but also embarrassing. Please let me know your thoughts on this and, possibly, recommend some type of doctor I could see.

Sandy Wiebers
Tucson, Arizona

Eugene M. Helveston, M.D., of Indiana University, answers your questions.

"The twitch that you describe under your right eye is called myokymia. This is defined as an involuntary, repetitive, intermittent contracture of a skeletal muscle. This condition can affect any muscle, but is most noticeable, bothersome, and common in the muscles of the face, neck, jaw, and around the eye. It may be self-limiting—that is, go away on its own as it did for you in 1985 after three years.

"Myokymia symptoms can be treated by the use of botulinum toxin type A (Botox). This highly purified, extremely dilute botulinum toxin is injected directly into the offending muscle in very small amounts, on the order of billionths of a gram. For myokymia, this treatment is usually successful with one injection. In a few cases it may require more than one injection.

"Botulinum toxin type A injections are usually given by

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ophthalmologists or neurologists. For information about doctors who could treat you, you may contact the American Academy of Ophthalmology, P.O. Box 7424, San Francisco, CA 94120-7424 and telephone 415-561-8500."

Early Bladder Cancer Detection

Thousands of Americans die of bladder cancer each year because the disease is often not found until it is too late. Current diagnostic methods detect only 20 to 30 percent of bladder cancers in the early stages. Researchers are optimistic about a new test that may detect tumors while still small and curable.

Advances in molecular science have led to a DNA-based urine test that allows researchers to detect telltale changes in the genetic makeup of cancer cells. "Cancers progress through specific genetic changes or mutations," explains Dr. David Sidransky, oncologist at Johns Hopkins University School of Medicine. "Changes in length, or complete absence of certain DNA molecules, are critical steps in the progression of cancer. Their detection in the bodily fluid is a very specific test for the detection of cancer cells."

Dr. Sidransky and his colleagues identified a set of specific genetic changes that occur in bladder cancer. Then, using DNA tests developed in the past five years, they examined urine specimens from a select group of patients. In the small study, 20 specimens came from patients who had bladder cancer, while five others were from patients with no evidence of cancer.

"The pilot studies' results really speak for themselves," says Dr. Sidransky. "In the majority of patients—19 out of 20 with cancer—we were able to detect the presence of cancer cells." Current diagnostic tests (which depend on microscopic examination of urine and bladder cells) detected less than half of the patients with the disease.

Blood in the urine, usually the first symptom of bladder cancer, often signals an advanced tumor. Fortunately, DNA abnormalities appear at a very early stage of tumor growth when there is a high likelihood of cure. If further research proves the value of the DNA urine test, it could become part of a routine physical examination.

"We're cautiously optimistic," Dr. Sidransky concludes. "It is promising. It's based on a new understanding of the way cancer progresses. We need to show in the large trial that it's as effective as we showed in the pilot study. Then we really have something neat."

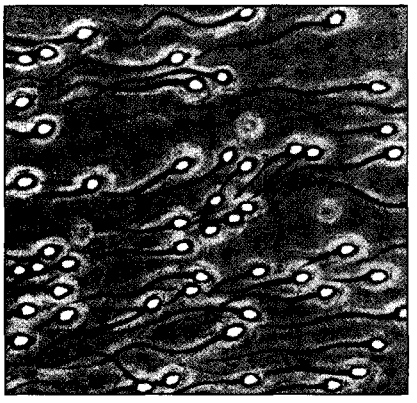
Volunteers are being recruited for clinical trials of the DNA-based urine test to be conducted at several cancer centers across the country. If you have been diagnosed with bladder cancer and are interested in joining the study, call 410-614-8092. A recorded message explains the project and how your physician can get in touch with researchers if you wish to participate.

Misconceptions about Conception

Couples wishing to become parents (and those wishing to avoid it) will be interested in results of a study conducted by the National Institute of Environmental Health Sciences, a federal agency in Research Triangle, North Carolina. Government scientists are challenging some previously held beliefs on the conception period, the frequency of sexual intercourse to maximize a couple's chances of pregnancy, and the timing of intercourse to influence the sex of their baby.

Previous estimates of the number of fertile days before or after ovulation ranged from two to ten days or more. In the study of 221 women, the biggest surprise was that conception did not occur after ovulation.

"The single most unexpected finding is that a woman's capacity to conceive seems to end on her day of ovulation," said Dr. Allen Wilcox, senior author of the four-year study. "We expected there to be one to three days beyond that, and the fact that it seemed to be zero was not anything we would have predicted. If women are waiting for ovulation to have intercourse, they may already have missed most of their fertile period for that menstrual cycle."



Scientists around the world are investigating the declining sperm counts in young men. Some even wonder if we are edging toward extinction. Young men have fewer sperm than their fathers and grandfathers. As the decline continues, perhaps the best legacy a grandfather or father can bestow is to provide frozen sperm for their future grandsons. The reason for the decline in sperm count is not known. Today, more and more infertile couples are seeking anonymous sperm donors.

In the study, conception was most likely in women having intercourse daily. But Dr. Wilcox, chief of the epidemiology branch at the institute, said data showed that "intercourse every other day comes pretty close to giving the maximum chance for conceiving."

The authors also challenge popular claims that intercourse at the time of ovulation is more likely to produce a boy. The researchers found no differences between the patterns of intercourse producing boys and the patterns producing girls. They concluded that the deliberate timing of intercourse around the day of ovulation has no practical value in sex selection of the baby.

Healthy women planning to become pregnant were recruited for the study. When the women stopped using birth-control methods, they began collecting daily urine specimens and keeping diaries about the timing of intercourse.

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Researchers correlated data from the diaries with hormone tests on 27,000 urine specimens to estimate the day of ovulation and identify pregnancy.

Health Checkup Chart

Prevention and early detection of disease is best accomplished by routine health maintenance checkups. We have adapted the following chart from American Medical Association guidelines. We added colonoscopy to the suggested tests. We believe that this is especially important for those with a family history of colon cancer. We also believe that it is important for those with a family history to have their first colonoscopy at age 40.

Sigmoidoscopy examines only the sigmoid, or "S-shaped," portion of the colon. In a colonoscopy, the gastroenterologist views the interior of the entire length of the colon, all the way to the cecum. Mild sedation is usually given. It is possible for patients to view the inside of their colons. If a polyp pops into view, it can be visualized before it is nipped off for a biopsy. Polyps can be benign, or, as in the case of President Ronald Reagan, they can be premalignant. Common adenomatous polyps, unfortunately, go on to become common killer colon cancers.

We also added the prostate cancer antigen (PSA) blood test because not all prostate cancers are slow growing. A PSA reading of four or more nanograms deserves more frequent monitoring. The size of the prostate on digital rectal exam will also determine how often the PSA should be repeated.

Again, timing of these tests depends on personal and family health history. Post this chart inside your medicine cabinet for easy reference.

Allergic Reactions

Dear Dr. SerVaas:

My mother is allergic to cats. Recently, she had her thyroid operated on and they sewed her throat up with a thread they called "catgut." She had an allergic reaction to it. Was that because the thread was made from a real cat?

Karen Nietupski
Dhahran, Saudi Arabia

Dr. Gilbert A. Friday, Jr., M.D., professor of pediatrics and chief of the Allergy, Asthma and Immunology Center at Children's Hospital of Pittsburgh, University of Pittsburgh School of Medicine, responds to your question.

" 'Catgut' is a term that has been used for years to describe surgical suture material—the thread that doctors use in surgery. At one time, cat intestines were used to make the sutures. Now the material is called 'surgical gut suture' and is made from specially cleaned beef or sheep intestines.

"Your mother may have reacted to the suture material used, but since it was not from a real cat, it had nothing to do with her allergy to cats. Anything that touches the skin for a long time (including sutures) might cause redness, swelling, or itching. But there is no evidence that a beef or sheep allergy would lead to an allergic reaction to surgical gut sutures."

Walker Keeps You Strolling Along

Dear Dr. SerVaas:

A few weeks ago, I was in my local medical supply store to have new crutch tips put on my walker. While I waited, they showed me something new in walkers. At this time in

Test or Procedure	According to Age					
	18-29	30-39	40-49	50-59	60-69	70+
Complete Physical	every 5 years	every 1-5 years	every 1-5 years	every 1-2 years	every year	every year
Blood Pressure	3-5	3-5	3-5	1	1	1
Pap Smear	1	1-3	1-3	3-5	3-5	3-5
Rectal Exam	n/a	n/a	1	1	1	1
Flexible Sigmoidoscopy	n/a	n/a	3-5	3-5	3-5	3-5
Colonoscopy (for those with family history of colon cancer)	n/a	n/a	1-2	1-2	1-2	1-2
Stool Blood Test	n/a	n/a	n/a	1	1	1
Breast Self-Exam	monthly for all ages					
Mammogram	n/a	n/a	1-2	1	1	1
Blood Cholesterol Triglycerides	consult your physician for all ages					
Visual Acuity & Exam	3-5	3-5	1-3	1-2	1-2	1-2
Testicle Self-Exam	monthly for all ages					
Skin Self-Exam	monthly for all ages					
Dental Exam	1	1	1	1-2	1-2	1-2
PSA Blood Test	n/a	n/a	1-2	1	1	1

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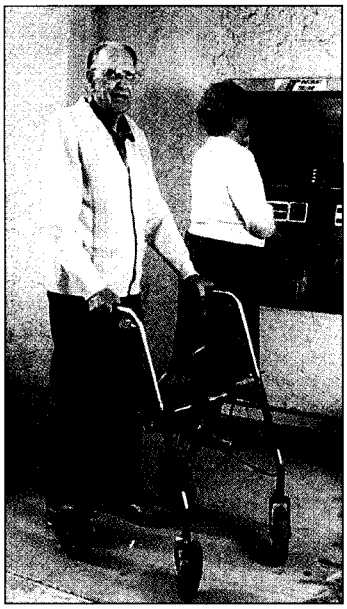
history, it is surprising that we have waited so long for a decent walker to be perfected.

The Samhall Starlite walker, which I immediately purchased, has four six-inch wheels, with brakes on the rear wheels, a folding seat, which can be sat on, and a wire basket. It is something I only dreamed about, but here it was in reality. Everyone should have a walker like mine, now that they are available, instead of the old-fashioned walker that has to be picked up with each step. I am getting a great deal more exercise with this new walker, since it is so easy to push around.



"This product deserves all the free publicity it can get," writes Edwin Jorgensen of Vista, California. "It has the potential of putting millions of people back on their feet."

No one, among my many friends and acquaintances, has ever seen such a walker. It really is a conversation piece, as everyone stops me to ask where and how I got it.

Edwin B. Jorgensen
Vista, California

The American Foundation for Preventive Medicine is making these walkers available to our *SatEvePost* readers. For more information, call 1-800-558-2376 or write to AFPM, 1102 Stadium Drive, Indianapolis, IN 46202.

Folic Acid and Folates

Dear Dr. SerVaas:

I am very interested in your Jan./Feb. '96 "Medical Mailbox" article referring to the use of folate to reduce homocysteine. One physician and two pharmacists I asked had no knowledge of folate. I also checked the Physician's Desk Reference, the Merck Manual, and another handbook listing drug companies.

Is this a compound using folic acid, or ferrous sulphate in one form or another? What is the source of the material, and its chemical makeup? Will it lower cholesterol?

Hoping for a reply. Thank you for the information.

Gerald Bates
Falmouth, Maine

We are glad you are investigating folate.

Folate is a family of related compounds with the same biochemical activity as folic acid, one of the B complex vitamins. Folate compounds are metabolized to folic acid (chemical name *pteroylmonoglutamic acid*) in the intestine. We need folic acid to produce red blood cells and properly metabolize amino acids. Folic acid is also vital to regulate nerve cell growth in a developing embryo.

The human body does not manufacture folic acid, so we must get it from what we eat. Green leafy vegetables, lentils, orange juice, beans, peas, tomato sauces, rice, liver, and brewer's yeast are naturally high sources of folate compounds.

Synthetic folic acid is used in vitamin supplements and to fortify foods. The FDA recently announced that folic acid should be added to all enriched breads, flours, cornmeals, pastas, rice, and other grain products. Fortification, expected to become effective in 1998, is aimed at preventing devastating neural-tube birth defects.

New information about the interaction between folic acid levels and homocysteine (an amino acid, high levels of which are associated with increased incidence of heart attacks and strokes) reveals that fortification of flour and cereal products with folic acid could benefit all Americans.

Folate lowers homocysteine, not cholesterol levels. In the National Institutes of Health Physicians' Health Study, small increases in homocysteine translated into a greater risk of heart attack. Like lowering cholesterol, reducing homocysteine is a way to better one's odds for a healthy cardiovascular system.

Reprints are available of an in-depth look at the stroke and heart-attack prevention possibilities of folate. "Two Good Reasons to Celebrate Folate's 50th Anniversary" was published in the May/June '95 issue of *SatEvePost.* To order folate and B_{12} heart-shaped tablets, write to the American Foundation for Preventive Medicine, 1102 Stadium Drive, Indianapolis, IN 46202.

Exceptions to the Rule

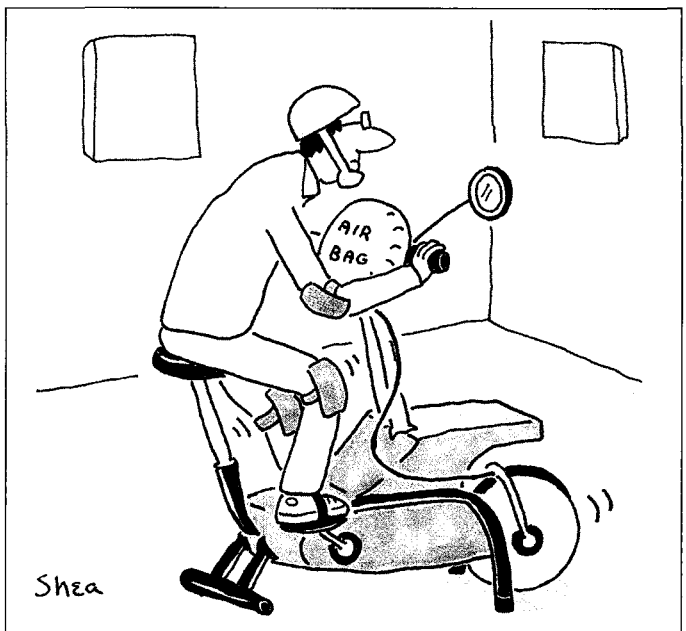
Dear Dr. SerVaas:

Wouldn't you know—as soon as a matter is "proven," the exceptions start pouring in. My mother and father (who had thinning hair) had four sons, not one bald head in the bunch, and one daughter, me. My hair is thin like my father's was.

I married a man with lots of black, curly hair who became bald in his 30s. We had one son, and he became bald in his late 20s. He has two sons, and one is bald and one has hair like my brothers!

Thanks for the good laugh. I love the *SatEvePost.*

Mildred Lawrence
Seattle, Washington



Ralph Nader and his exercise bike.

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Where Do You Think You Are?

(answers from page 86)

(Theme: Colors)

1. Whitestown, IN
2. Brownville, AL
3. Greenbush, MN
4. Gray, KY
5. Orange Cove, CA
6. Redgranite, WI
7. Silver Bell, AZ
8. Black Forest, CO
9. Auburndale, FL

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Boning Up With Exercise

continued from page 80

professional who is certified by a reputable organization such as the American College of Sports Medicine or the American Council on Exercise.

• Engage in a weight-bearing activity, such as brisk walking, stair-climbing, or jogging. Women over 40 and men over 50, or people with risk factors for heart disease, should check with a physician before beginning a vigorous exercise program. Adolescent girls, in particular, should be encouraged to exercise, consume calcium-rich foods, and avoid cigarettes (which are linked to bone loss), since women typically reach peak bone mass around age 20.

—Carol Krucoff

The Family

continued from page 72

become the Family of God and an instrument in the restoration of the family, if hurting families in this congregation and in our own backyard discover the truth of the Gospel—that the family is bigger than any of us think—then, bless God, "We ain't seen nothin' yet!" And to God be the glory.

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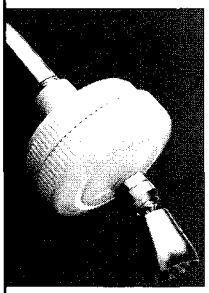
New Filter Reduces Chlorine For Healthier Skin & Hair



Chlorine is a strong chemical that can be harsh on your body. It is absorbed through the skin and lungs while showering and it can dry out your hair and skin. There is also a danger in inhaling shower steam. **Chlorine and other dangerous chemicals can evaporate out of water and be inhaled.**

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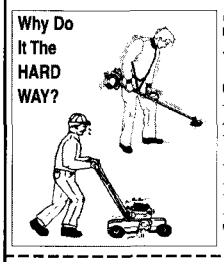

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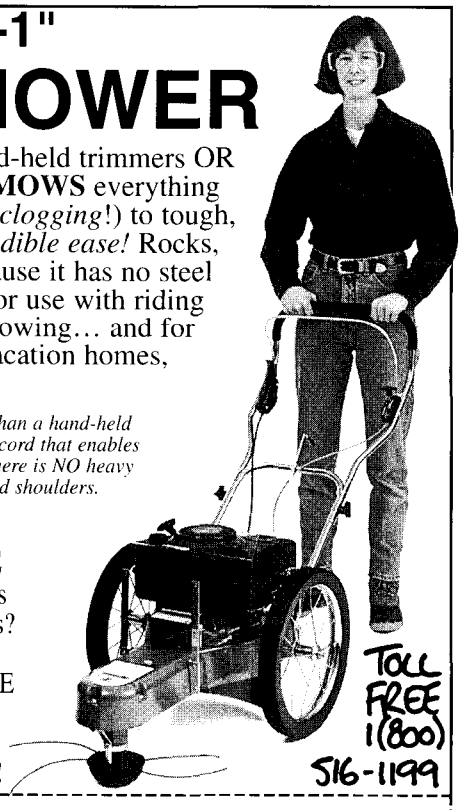

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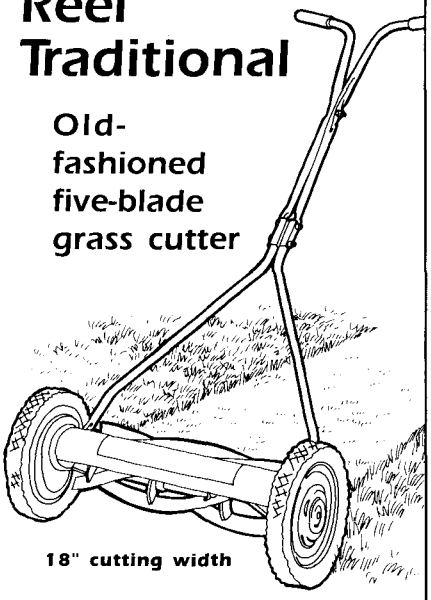

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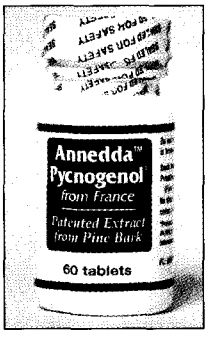

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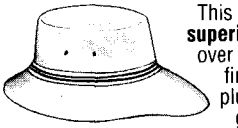

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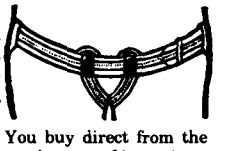

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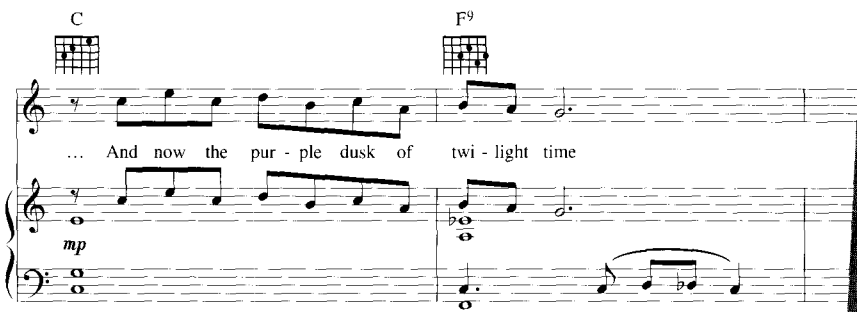

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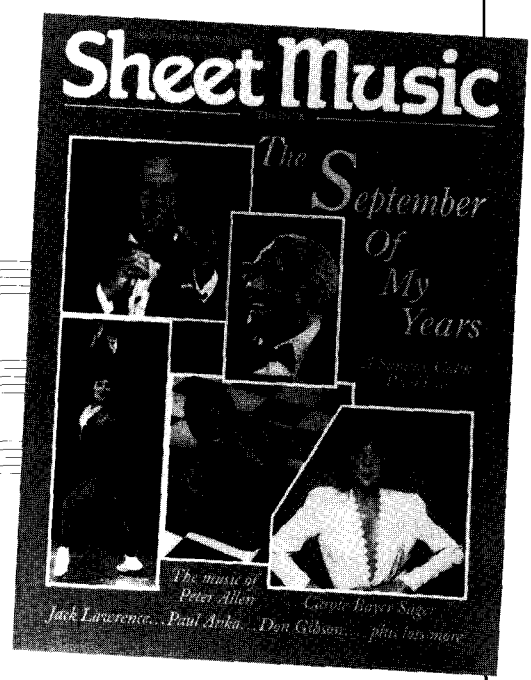

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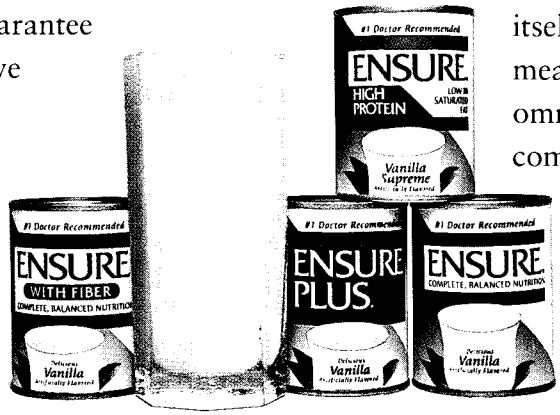

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